



Health Services
LOS ANGELES COUNTY

May 22, 2007

**Los Angeles County
Board of Supervisors**

Gloria Molina
First District

Yvonne B. Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**PUBLIC HEARING ON RATE CHANGES FOR THE DEPARTMENT
OF HEALTH SERVICES**
(All Districts) (3 Votes)

IT IS RECOMMENDED THAT YOUR BOARD, AFTER THE PUBLIC
HEARING:

1. Approve the new or updated rates for services rendered at the Department of Health Services (DHS) operated health facilities, as reflected on Attachments I through VI, to be effective June 1, 2007.
2. Eliminate previously approved hospital inpatient, hospital outpatient, and non-hospital based outpatient charges listed on Attachment I page 6 of 6, Attachment II page 12 of 12, and Attachment III-E that are no longer needed at DHS facilities.

PURPOSE/JUSTIFICATION OF RECOMMENDATION:

Hospital Inpatient Rates

Attachment I contains the complete inpatient rates for our five DHS hospitals. In approving these rates, the Board is:

- A. Adjusting the Hospital & Related Staff Services rate for the Hospital Services components at Harbor/UCLA Medical Center (except for Cadaver Kidney Acquisition and Live Donor Kidney rates) and Martin Luther King, Jr. – Harbor Hospital. In addition, the Hospital Services components for Intensive Care – Adults, Intensive Care - Pediatrics, Neonatal Intensive Care Unit, OB Mother, and Psychiatric services at Olive View/UCLA Medical Center are being adjusted. These rates have been revised to ensure charges will sufficiently cover costs, while maximizing reimbursement.

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

www.ladhs.org

*To improve health
through leadership,
service and education.*



www.ladhs.org

- B. Revising the descriptions from: a) OB Special Care Nursery - Mother Discharged to OB Special Care Nursery, and Trauma Transitional Care Unit to Stepdown "Intermediate Care" Unit at Harbor/UCLA Medical Center and; b) Pediatric Intermediate Care to Intermediate Care at Martin Luther King, Jr. – Harbor Hospital. These name changes provide more accurate descriptions of the services provided.
- C. Eliminating the Cadaver Kidney Harvest, Nursery Acute (no related delivery), Nursery-Newborn (mother is ineligible), OB Special Care Nursery-Mother & Baby In-house and Surgery rate levels 1 through 7 at Harbor/UCLA Medical Center, and the Nursery Acute (no related delivery) and Nursery-Newborn (mother is ineligible) at Martin Luther King, Jr. – Harbor Hospital. These rates are no longer needed or are invalid for billing purposes.

Hospital Outpatient Rates

Attachment II contains the complete outpatient rates for our five DHS hospitals. By approving these rates, the Board is:

- A. Adjusting the Hospital Services components at Harbor/UCLA Medical Center (except Special Outpatient Services) and Martin Luther King, Jr. – Harbor Hospital.
- B. Adding two new Surgery rate levels at Olive View/UCLA Medical Center.
- C. Eliminating the Home Health Agency Services rates at LAC+USC Medical Center and the Observation Outpatient rates at all five DHS hospitals and High Desert Health System as these rates are no longer needed.

Comprehensive Health Center and Health Center Rates

Attachments III-A through III-D contain the complete rates for the non-hospital based Comprehensive Health Centers and Health Centers operated by DHS. There is no change to these rates.

Attachment III-E reflects the Observation Outpatient rates that are no longer needed at the non-hospital based health centers.

State and Federal Program Services Requiring Itemized Billing

Attachment IV contains the new or updated charges that will be billed to programs requiring itemized billing. Additionally, new procedure codes are added periodically to these programs. New procedure codes introduced by a program, subsequent to

June 1, 2007, will be analyzed and assigned one of the 44 all-inclusive rates listed as Undesignated Procedure Codes until the next rate adjustments are submitted for Board approval. The rates assigned to these procedures will be selected to approximate, as closely as possible, rates assigned to other procedures that use equivalent equipment, supplies, personnel, and other resources.

Family Planning Access Care and Treatment (Family PACT) and Cancer Detection Program (CDP) Services

Attachments V-A and V-B contain the proposed rates for services within the Family PACT and CDP scope of benefits to ensure that charges sufficiently cover costs. On occasion, some of these same services are billed to other payors that require itemized charges. These rates will be consistent across all payers who are billed on an itemized basis for these services. Nothing in Attachment V-A is intended to limit the delegation of authority previously made to the Director of Health Services to modify the charges assessed for those Family PACT services that must, by law, equal costs.

Outpatient Pharmacy Services

DHS participates in a variety of discount purchasing programs, each of which establishes distinct terms and conditions for participation. Generally, to participate, facilities are required to bill for drugs and supplies at acquisition cost, plus a dispensing or handling fee, where applicable. Attachment VI reflects the updated dispensing/handling fee for outpatient pharmacy services.

FISCAL IMPACT/FINANCING:

Approval of the rate changes will allow DHS to comply with various program billing requirements, and maximize outpatient Medicare, Family PACT, and CDP reimbursements.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

With the exception of certain public health services, the County is required by Section 2.76.350 of the County Code to pursue recovery of the costs of patient care services rendered by DHS. The proposed rates should recover such costs. The last change to DHS' charges was implemented effective January 25, 2005.

Pursuant to Government Code Section 66018, a public hearing is required prior to the approval of a change to an existing fee. Also, as required by that law, a notice of Public Hearing (Attachment VII) is to be published by the Executive Office in accordance with Government Code Section 6062a.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

Since many of the Department's patients are not responsible for paying DHS' charges due to contract or other program reimbursement limits, these billing rate adjustments should not change these individuals' access to health services. In addition, uninsured DHS patients with limited financial resources can utilize one of the County's No Cost/Low Cost plans, such as the Ability-to-Pay plan and Outpatient Reduced-Cost Simplified Application plans. These plans result in patient liability, which is almost always significantly less than charges. Accordingly, the rate increases should not have a material impact on these individuals.

When approved, this Department requires two signed copies of the Board's action.

Respectfully submitted,



Bruce A. Chernof, M.D.
Director and Chief Medical Officer

BAC:anw:hr

(W:\fisprog\vice\RATES\2006-07\BOSDATA\WDFILES\BQSL 06-07.doc)

Attachments

- c: Chief Administrative Officer
- County Counsel
- Executive Officer, Board of Supervisors

ATTACHMENT I

**FISCAL YEAR 2006-07
PROPOSED RATE CHANGES**

EFFECTIVE JUNE 1, 2007

HOSPITAL INPATIENT SERVICES

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED
LAC+USC HEALTHCARE NETWORK
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
Fiscal Year 2006-07
(Effective June 1, 2007)

<u>FACILITY: LAC+USC MEDICAL CENTER</u>	<u>HOSPITAL & RELATED STAFF SERVICES</u>	<u>HOSPITAL SERVICES</u>
<u>INPATIENT SERVICES</u>		
Acute Medical	\$5,207	\$4,852
Burn ICU	15,147	14,344
Cadaver Organ Harvest	17,807	17,807
Clinical Study Center	5,207	5,187
Intensive Care - Adults	12,612	11,687
Intensive Care - Pediatrics	12,612	12,322
Jail	3,077	2,997
Neonatal Intensive Care - Level 1	5,186	4,994
Neonatal Intensive Care - Level 2	5,981	5,759
Neonatal Intensive Care Unit	12,612	12,145
Nursery Acute (no related delivery)	5,501	5,196
Nursery-Newborn (mother is ineligible)	3,900	3,771
OB Mother	5,789	5,574
OB Nursery	3,900	3,771
Pediatrics	5,501	5,196
Psychiatric	1,384	1,323
Surgical	6,082	5,628

Note:

(1) No rate change is being proposed for LAC+USC Medical Center.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

**PROPOSED
COASTAL AREA
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
Fiscal Year 2006-07
(Effective June 1, 2007)**

<u>FACILITY: HARBOR/UCLA MEDICAL CENTER</u>	<u>HOSPITAL & RELATED STAFF SERVICES</u>	<u>HOSPITAL SERVICES</u>
<u>INPATIENT SERVICES</u>		
Acute Medical	\$5,543	\$5,298 ⁽²⁾
Cadaver Kidney Acquisition	30,648	29,322
Clinical Study Center	7,842	7,788 ⁽²⁾
Intensive Care - Adults	13,017	12,399 ⁽²⁾
Intensive Care - Pediatrics	13,017	12,399 ⁽²⁾
Live Donor Kidney	40,693	38,932
Neonatal Intensive Care Unit	13,017	12,399 ⁽²⁾
OB Mother	5,332	5,166 ⁽²⁾
OB Nursery	2,331	2,224 ⁽²⁾
OB Special Care Nursery (Revise name from OB Special Care Nursery-Mother Discharged) ⁽¹⁾	3,978	3,960 ⁽²⁾
Pediatrics	6,976	6,718 ⁽²⁾
Psychiatric	1,388	1,360 ⁽²⁾
Stepdown "Intermediate Care" Unit (Revise name from Trauma Transitional Care Unit) ⁽¹⁾	9,277	8,769 ⁽²⁾
Surgical	9,553 ⁽²⁾	9,149 ⁽²⁾

Notes:**(1)** Indicates proposed name change.**(2)** Indicates proposed rate revision.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

**PROPOSED
SOUTHWEST AREA
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
Fiscal Year 2006-07
(Effective June 1, 2007)**

<u>FACILITY: MLK, JR. - HARBOR HOSPITAL</u>	<u>HOSPITAL & RELATED STAFF SERVICES</u>	<u>HOSPITAL SERVICES</u>
<u>INPATIENT SERVICES</u>		
Acute Medical	\$8,202	\$8,048 ⁽²⁾
Intensive Care - Adults	17,612	17,259 ⁽²⁾
Intensive Care - Pediatrics	17,612	17,259 ⁽²⁾
Intermediate Care (Revise name from Pediatric Intermediate Care) ⁽¹⁾	12,102	11,838 ⁽²⁾
NBC Mother	11,645	11,382 ⁽²⁾
NBC Nursery	6,589	6,496 ⁽²⁾
Neonatal Intensive Care Unit	17,612	17,259 ⁽²⁾
OB Mother	8,183	7,973 ⁽²⁾
OB Nursery	2,886	2,849 ⁽²⁾
OB Special Care Nursery-Mother & Baby In-house	6,066	5,955 ⁽²⁾
OB Special Care Nursery-Mother Discharged	6,066	5,955 ⁽²⁾
Pediatrics	8,258	8,042 ⁽²⁾
Psychiatric	1,775	1,651 ⁽²⁾
Special Intensive Care - Adults	22,640	22,235 ⁽²⁾
Special Intensive Care - Pediatrics	22,640	22,235 ⁽²⁾
Surgical	9,202	8,976 ⁽²⁾
Surgical - Level 2	13,434	13,103 ⁽²⁾

Notes:

(1) Indicates proposed name change.

(2) Indicates proposed rate revision.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES****Fiscal Year 2006-07**

(Effective June 1, 2007)

FACILITY: RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER	HOSPITAL & RELATED STAFF SERVICES	HOSPITAL SERVICES
<u>INPATIENT SERVICES</u>		
Acute Medical	\$4,914	\$4,793
Definitive Observation Unit	8,732	8,518
Intensive Care - Adults	11,798	11,432
Intensive Care - Pediatrics	11,798	11,432
Liver	4,685	4,586
Surgical:		
Surgical-Level 1	5,213	5,028
Surgical-Level 10	52,020	50,183
Surgical-Level 11	58,571	56,503
Surgical-Level 12	66,440	64,094
Surgical-Level 13	74,525	71,893
Surgical-Level 14	82,394	79,484
Surgical-Level 15	90,273	87,084
Surgical-Level 16	98,142	94,676
Surgical-Level 17	106,014	102,269
Surgical-Level 18	113,886	109,864
Surgical-Level 19	121,760	117,459
Surgical-Level 2	8,678	8,372
Surgical-Level 20	131,207	126,573
Surgical-Level 3	12,151	11,722
Surgical-Level 4	16,786	16,193
Surgical-Level 9	45,832	44,212
Weekend Therapeutic	1,986	-

Note:

(1) No rate change is being proposed for Rancho Los Amigos National Rehabilitation Center.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED
SAN FERNANDO VALLEY AREA
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
Fiscal Year 2006-07
(Effective June 1, 2007)

<u>FACILITY: OLIVE VIEW/UCLA MEDICAL CENTER</u>	<u>HOSPITAL & RELATED STAFF SERVICES</u>	<u>HOSPITAL SERVICES</u>
<u>INPATIENT SERVICES</u>		
Acute Medical	\$6,192	\$5,878
Intensive Care - Adults	14,115	13,473 ⁽¹⁾
Intensive Care - Pediatrics	14,115	13,473 ⁽¹⁾
Neonatal Intensive Care Unit	14,115	13,473 ⁽¹⁾
Nursery Acute (no related delivery)	6,192	5,878
Nursery-Newborn (mother is ineligible)	2,900	2,812
OB Mother	6,097	5,549 ⁽¹⁾
OB Nursery	2,900	2,812
OB Special Care Nursery-Mother & Baby In-house	5,813	5,635
OB Special Care Nursery-Mother Discharged	5,813	5,635
Pediatric Intensive Special Care	13,072	12,616
Psychiatric	1,630	1,397 ⁽¹⁾
Surgical	6,915	6,346
Surgical-Level 2	15,139	13,892
Surgical-Level 3	18,348	16,838

Note:**(1)** Indicates proposed rate revision.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
HOSPITAL INPATIENT SERVICES
ELIMINATION OF PREVIOUSLY APPROVED INPATIENT RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

INPATIENT SERVICES	HOSPITAL & RELATED STAFF SERVICES	HOSPITAL SERVICES
<u>HARBOR-UCLA MEDICAL CENTER</u>		
Cadaver Kidney Harvest	\$14,322	\$14,322
Nursery Acute (no related delivery)	6,976	6,931
Nursery-Newborn (mother is ineligible)	2,331	2,224
OB Special Care Nursery-Mother & Baby In-house	3,978	3,973
Surgical - Level 1	5,862	5,813
Surgical - Level 2	12,189	12,140
Surgical - Level 3	19,500	19,452
Surgical - Level 4	32,496	32,448
Surgical - Level 5	48,733	48,685
Surgical - Level 6	57,186	57,137
Surgical - Level 7	70,627	70,578
<u>MLK, JR. - HARBOR HOSPITAL</u>		
Nursery Acute (no related delivery)	8,258	8,185
Nursery-Newborn (mother is ineligible)	2,886	2,882

ATTACHMENT II

**FISCAL YEAR 2006-07
PROPOSED RATE CHANGES**

EFFECTIVE JUNE 1, 2007

HOSPITAL OUTPATIENT SERVICES

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED
LAC+USC HEALTHCARE NETWORK
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

FACILITY : LAC+USC MEDICAL CENTER

<u>OUTPATIENT SERVICES</u>	<u>HOSPITAL & RELATED STAFF SERVICES</u>	<u>HOSPITAL SERVICES</u>
<u>GENERAL OUTPATIENT SERVICES</u>		
<u>Level of Care</u>		
Level 1	\$40	\$37
Level 2	60	55
Level 3	75	69
Level 4	100	92
Level 5	125	114
Level 6	150	137
Level 7	175	160
Level 8	200	183
Level 9	225	206
Level 10	250	229
Level 11	275	252
Level 12	300	275
Level 13	350	320
Level 14	400	366
Level 15	450	412
Level 16	500	458
Level 17	550	503
Level 18	600	549
Level 19	650	595
Level 20	700	641
Level 21	800	732
Level 22	900	824
Level 23	1,000	915
Level 24	1,100	1,007
Level 25	1,200	1,098
Level 26	1,300	1,190
Level 27	1,400	1,281
Level 28	1,500	1,373
Level 29	1,700	1,556
Level 30	1,900	1,739
Level 31	2,100	1,922
Level 32	2,300	2,105
Level 33	2,500	2,288
Level 34	2,700	2,471
Level 35	2,900	2,654
Level 36	3,400	3,112
Level 37	3,900	3,570
Level 38	4,400	4,027
Level 39	4,900	4,485
Level 40	5,400	4,942

Note:

(1) No rate change is being proposed for the LAC+USC Medical Center.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
LAC+USC HEALTHCARE NETWORK
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

FACILITY : LAC+USC MEDICAL CENTER

<u>OUTPATIENT SERVICES (Continued)</u>	HOSPITAL & RELATED STAFF SERVICES	HOSPITAL SERVICES
<u>SPECIAL OUTPATIENT SERVICES</u>		
<u>Other Outpatient Services</u>		
Hyperbaric Chamber	\$ 10,946	\$ 10,531
<u>Psychiatric Services</u>		
Psychiatric Emergency Room:		
Crisis Stabilization ⁽¹⁾	359.34	266.00
Crisis Intervention ⁽²⁾	8.46	6.00
Psychiatric Clinics:		
Mental Health Services ⁽²⁾	8.46	7.00
Medication Support ⁽²⁾	8.46	7.00
Day Treatment Intensive - Half day ⁽³⁾	122.44	101.00
Outreach Clients ⁽¹⁾	13.83	11.00
Outreach Promotions ⁽¹⁾	13.83	11.00
Case Management / Brokerage ⁽²⁾	8.46	7.00

Notes:

- (1) Billed in increments of one hour.
(2) Billed in increments of one minute.
(3) Billed in increments of four hours or less (half day increments).

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

**PROPOSED
COASTAL AREA
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)**

FACILITY: HARBOR/UCLA MEDICAL CENTER

<u>OUTPATIENT SERVICES</u>	<u>HOSPITAL & RELATED STAFF SERVICES</u>	<u>HOSPITAL SERVICES</u>
<u>GENERAL OUTPATIENT SERVICES</u>		
<u>Level of Care</u>		
Level 1	\$40	\$37 ⁽¹⁾
Level 2	60	55 ⁽¹⁾
Level 3	75	68 ⁽¹⁾
Level 4	100	92 ⁽¹⁾
Level 5	125	115 ⁽¹⁾
Level 6	150	138 ⁽¹⁾
Level 7	175	161 ⁽¹⁾
Level 8	200	184 ⁽¹⁾
Level 9	225	207 ⁽¹⁾
Level 10	250	230 ⁽¹⁾
Level 11	275	253 ⁽¹⁾
Level 12	300	275 ⁽¹⁾
Level 13	350	321 ⁽¹⁾
Level 14	400	367 ⁽¹⁾
Level 15	450	414 ⁽¹⁾
Level 16	500	460 ⁽¹⁾
Level 17	550	506 ⁽¹⁾
Level 18	600	552 ⁽¹⁾
Level 19	650	598 ⁽¹⁾
Level 20	700	644 ⁽¹⁾
Level 21	800	735 ⁽¹⁾
Level 22	900	827 ⁽¹⁾
Level 23	1,000	913 ⁽¹⁾
Level 24	1,100	1,012 ⁽¹⁾
Level 25	1,200	1,104 ⁽¹⁾
Level 26	1,300	1,195 ⁽¹⁾
Level 27	1,400	1,287 ⁽¹⁾
Level 28	1,500	1,379 ⁽¹⁾
Level 29	1,700	1,563 ⁽¹⁾
Level 30	1,900	1,747 ⁽¹⁾
Level 31	2,100	1,931 ⁽¹⁾
Level 32	2,300	2,114 ⁽¹⁾
Level 33	2,500	2,298 ⁽¹⁾
Level 34	2,700	2,483 ⁽¹⁾
Level 35	2,900	2,666 ⁽¹⁾
Level 36	3,400	3,126 ⁽¹⁾
Level 37	3,900	3,585 ⁽¹⁾
Level 38	4,400	4,045 ⁽¹⁾
Level 39	4,900	4,505 ⁽¹⁾
Level 40	5,400	4,964 ⁽¹⁾

Note:**(1)** Indicates proposed rate revision.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
COASTAL AREA
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

FACILITY: HARBOR/UCLA MEDICAL CENTER

OUTPATIENT SERVICES (Continued)	HOSPITAL & RELATED STAFF SERVICES	HOSPITAL SERVICES
<u>SPECIAL OUTPATIENT SERVICES</u>		
<u>Psychiatric Services</u>		
Psychiatric Emergency Room:		
Crisis Stabilization ⁽¹⁾	\$ 105.26	\$ 105.26
Crisis Intervention ⁽²⁾	4.31	4.31
Mental Health Services ⁽²⁾	2.88	2.88
Medication Support ⁽²⁾	5.37	5.37
Case Management / Brokerage ⁽²⁾	2.14	2.14

Notes:

(1) Billed in increments of one hour.

(2) Billed in increments of one minute.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

**PROPOSED
SOUTHWEST AREA
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)**

FACILITY: MLK, JR. - HARBOR HOSPITAL

<u>OUTPATIENT SERVICES</u>	<u>HOSPITAL & RELATED STAFF SERVICES</u>	<u>HOSPITAL SERVICES</u>
<u>GENERAL OUTPATIENT SERVICES</u>		
<u>Level of Care</u>		
Level 1	\$40	\$36 ⁽¹⁾
Level 2	60	53 ⁽¹⁾
Level 3	75	66 ⁽¹⁾
Level 4	100	88 ⁽¹⁾
Level 5	125	110 ⁽¹⁾
Level 6	150	133 ⁽¹⁾
Level 7	175	155 ⁽¹⁾
Level 8	200	176 ⁽¹⁾
Level 9	225	198 ⁽¹⁾
Level 10	250	221 ⁽¹⁾
Level 11	275	243 ⁽¹⁾
Level 12	300	264 ⁽¹⁾
Level 13	350	309 ⁽¹⁾
Level 14	400	353 ⁽¹⁾
Level 15	450	397 ⁽¹⁾
Level 16	500	441 ⁽¹⁾
Level 17	550	486 ⁽¹⁾
Level 18	600	529 ⁽¹⁾
Level 19	650	574 ⁽¹⁾
Level 20	700	617 ⁽¹⁾
Level 21	800	705 ⁽¹⁾
Level 22	900	793 ⁽¹⁾
Level 23	1,000	881 ⁽¹⁾
Level 24	1,100	970 ⁽¹⁾
Level 25	1,200	1,058 ⁽¹⁾
Level 26	1,300	1,146 ⁽¹⁾
Level 27	1,400	1,234 ⁽¹⁾
Level 28	1,500	1,322 ⁽¹⁾
Level 29	1,700	1,498 ⁽¹⁾
Level 30	1,900	1,675 ⁽¹⁾
Level 31	2,100	1,851 ⁽¹⁾
Level 32	2,300	2,027 ⁽¹⁾
Level 33	2,500	2,204 ⁽¹⁾
Level 34	2,700	2,380 ⁽¹⁾
Level 35	2,900	2,556 ⁽¹⁾
Level 36	3,400	2,966 ⁽¹⁾
Level 37	3,900	3,402 ⁽¹⁾
Level 38	4,400	3,839 ⁽¹⁾
Level 39	4,900	4,275 ⁽¹⁾
Level 40	5,400	4,712 ⁽¹⁾

Note:

(1) Indicates proposed rate revision.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

**PROPOSED
SOUTHWEST AREA
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)**

FACILITY: MLK, JR. - HARBOR HOSPITAL

<u>OUTPATIENT SERVICES (Continued)</u>	HOSPITAL & RELATED STAFF SERVICES	HOSPITAL SERVICES
<u>SPECIAL OUTPATIENT SERVICES</u>		
<u>Psychiatric Services</u>		
Psychiatric Emergency Room:		
Crisis Stabilization ⁽¹⁾	\$ 158.33	\$ 138.83 ⁽⁵⁾
Crisis Intervention ⁽²⁾	5.65	4.92 ⁽⁵⁾
Mental Health Services ⁽²⁾	4.59	4.38 ⁽⁵⁾
Medication Support ⁽²⁾	5.45	5.15 ⁽⁵⁾
Mental Health Promotion ⁽²⁾	14.20	12.38 ⁽⁵⁾
Psychiatric Clinics:		
Mental Health Services ⁽²⁾	4.59	4.38 ⁽⁵⁾
Medication Support ⁽²⁾	5.45	5.15 ⁽⁵⁾
Day Treatment Intensive - Half day ⁽³⁾	350.00	337.00 ⁽⁵⁾
Day Treatment Intensive - Full day ⁽⁴⁾	700.00	674.00 ⁽⁵⁾
Day Rehabilitative Services - Half day ⁽³⁾	95.00	91.89 ⁽⁵⁾
Community Client ⁽²⁾	13.53	11.80 ⁽⁵⁾
Mental Health Promotion ⁽²⁾	14.20	12.38 ⁽⁵⁾
Case Management / Brokerage ⁽²⁾	4.00	3.86 ⁽⁵⁾
Day Rehabilitative Services - Full day ⁽⁴⁾	190.00	183.79 ⁽⁵⁾

Notes:

- (1) Billed in increments of one hour.
- (2) Billed in increments of one minute.
- (3) Billed in increments of four hours or less (half day increment).
- (4) Billed in increments of eight hours or less (full day increment).
- (5) Indicates proposed rate revision.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES****FISCAL YEAR 2006-07**

(Effective June 1, 2007)

FACILITY : RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

<u>OUTPATIENT SERVICES</u>	<u>HOSPITAL & RELATED STAFF SERVICES</u>	<u>HOSPITAL SERVICES</u>
<u>GENERAL OUTPATIENT SERVICES</u>		
<u>Level of Care</u>		
Level 1	\$40	\$36
Level 2	60	54
Level 3	75	68
Level 4	100	90
Level 5	125	113
Level 6	150	135
Level 7	175	158
Level 8	200	180
Level 9	225	203
Level 10	250	225
Level 11	275	248
Level 12	300	270
Level 13	350	315
Level 14	400	360
Level 15	450	405
Level 16	500	450
Level 17	550	495
Level 18	600	540
Level 19	650	585
Level 20	700	630
Level 21	800	720
Level 22	900	810
Level 23	1,000	900
Level 24	1,100	990
Level 25	1,200	1,080
Level 26	1,300	1,170
Level 27	1,400	1,260
Level 28	1,500	1,350
Level 29	1,700	1,530
Level 30	1,900	1,710
Level 31	2,100	1,890
Level 32	2,300	2,070
Level 33	2,500	2,250
Level 34	2,700	2,430
Level 35	2,900	2,610
Level 36	3,400	3,060
Level 37	3,900	3,510
Level 38	4,400	3,960
Level 39	4,900	4,410
Level 40	5,400	4,860

Note:**(1)** No rate change is being proposed for the Rancho Los Amigos National Rehabilitation Center.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)**

FACILITY : RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

<u>OUTPATIENT SERVICES (Continued)</u>	<u>HOSPITAL & RELATED STAFF SERVICES</u>	<u>HOSPITAL SERVICES</u>
--	--	------------------------------

SPECIAL OUTPATIENT SERVICESOther Outpatient ServicesOutpatient Surgery:

Level 1	\$1,265	\$1,119
Level 2	2,107	1,870
Level 3	2,950	2,621
Level 4	4,075	3,626
Level 5	5,436	4,835
Level 6	6,814	6,056
Level 7	8,177	7,268
Level 8	9,569	8,504

Note:

(1) No rate change is being proposed for the Rancho Los Amigos National Rehabilitation Center.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
SAN FERNANDO VALLEY AREA
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

FACILITY : OLIVE VIEW/UCLA MEDICAL CENTER

<u>OUTPATIENT SERVICES</u>	HOSPITAL & RELATED STAFF SERVICES	HOSPITAL SERVICES
<u>GENERAL OUTPATIENT SERVICES</u>		
<u>Level of Care</u>		
Level 1	\$40	\$36
Level 2	60	54
Level 3	75	68
Level 4	100	91
Level 5	125	113
Level 6	150	136
Level 7	175	159
Level 8	200	182
Level 9	225	204
Level 10	250	227
Level 11	275	250
Level 12	300	272
Level 13	350	318
Level 14	400	363
Level 15	450	409
Level 16	500	454
Level 17	550	499
Level 18	600	545
Level 19	650	590
Level 20	700	636
Level 21	800	726
Level 22	900	817
Level 23	1,000	908
Level 24	1,100	999
Level 25	1,200	1,090
Level 26	1,300	1,180
Level 27	1,400	1,271
Level 28	1,500	1,362
Level 29	1,700	1,544
Level 30	1,900	1,725
Level 31	2,100	1,907
Level 32	2,300	2,088
Level 33	2,500	2,270
Level 34	2,700	2,452
Level 35	2,900	2,633
Level 36	3,400	3,087
Level 37	3,900	3,541
Level 38	4,400	3,995
Level 39	4,900	4,449
Level 40	5,400	4,903

Note:

(1) No rate change is being proposed for the Olive View/UCLA Medical Center.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
SAN FERNANDO VALLEY AREA
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

FACILITY : OLIVE VIEW/UCLA MEDICAL CENTER

<u>OUTPATIENT SERVICES (Continued)</u>	HOSPITAL & RELATED STAFF SERVICES	HOSPITAL SERVICES
<u>SPECIAL OUTPATIENT SERVICES</u>		
<u>Other Outpatient Services</u>		
<u>Outpatient Surgery:</u>		
Level 1	\$ 250	\$ 227
Level 2	300	272
Level 3	350	318
Level 4	400	363
Level 5	500	454
Level 6	550	499
Level 7	600	545
Level 8	650	590
Level 9	700	636
Level 10	800	726
Level 11	900	817
Level 12	1,000	908
Level 13	1,100	999
Level 14	1,200	1,090
Level 15	1,300	1,180
Level 16	1,400	1,271
Level 17	1,500	1,362
Level 18	1,700	1,544
Level 19	1,900	1,725
Level 20	2,100	1,907
Level 21	2,300	2,088
Level 22	2,500	2,270
Level 23	2,700	2,452
Level 24	2,900	2,633
Level 25	3,100	2,815
Level 26	3,300	2,996
Level 27	3,500	3,178
Level 28	4,000	3,632
Level 29	4,500	4,086
Level 30	5,000	4,540
Level 31	5,500	4,994
Level 32 ⁽¹⁾	6,500	5,902
Level 33 ⁽¹⁾	7,500	6,810
Outpatient Surgery	700	636

Note:

(1) Indicates new Surgery Levels.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
SAN FERNANDO VALLEY AREA
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

FACILITY : OLIVE VIEW/UCLA MEDICAL CENTER

<u>OUTPATIENT SERVICES (Continued)</u>	HOSPITAL & RELATED STAFF SERVICES	HOSPITAL SERVICES
<u>Outpatient Special Procedures</u>		
Level 1	\$1,900	\$1,725
Level 2	2,900	2,633
Level 3	7,350	6,674
<u>Psychiatric Services</u>		
Psychiatric Emergency Room:		
Crisis Stabilization ⁽¹⁾	240	205
Crisis Intervention ⁽²⁾	6	5
Mental Health Services ⁽²⁾	4	4
Medication Support ⁽²⁾	8	7
Case Management / Brokerage ⁽²⁾	4	4
Psychosomatic ⁽²⁾	4	4

Notes:

(1) Billed in increments of one hour.

(2) Billed in increments of one minute.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
HOSPITAL OUTPATIENT SERVICES
ELIMINATION OF PREVIOUSLY APPROVED OUTPATIENT RATES
FISCAL YEAR 2006-07
 (Effective June 1, 2007)

OUTPATIENT SERVICES	HOSPITAL & RELATED STAFF SERVICES	HOSPITAL SERVICES
<u>LAC+USC MEDICAL CENTER</u>		
Observation Outpatient	\$40	\$37
Home Health Agency Services		
Occupational Therapy	202	199
Speech Therapy	205	202
Skilled Nursing	208	206
Physical Therapy	200	198
Home Health Aid	112	110
Medical Social Services	292	288
Initial Case Evaluation	35	35
Case Re-evaluation	18	18
<u>HARBOR-UCLA MEDICAL CENTER</u>		
Observation Outpatient	40	40
<u>MLK, JR. - HARBOR HOSPITAL</u>		
Observation Outpatient	40	33
<u>RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER</u>		
Observation Outpatient	40	36
<u>OLIVE VIEW/UCLA MEDICAL CENTER</u>		
Observation Outpatient	40	36
<u>HIGH DESERT HEALTH SYSTEMS</u>		
AMBULATORY SURGICAL CENTER		
Observation Outpatient	40	
PRIMARY CARE/COMMUNITY CLINICS		
Observation Outpatient	40	

ATTACHMENT III

**FISCAL YEAR 2006-07
PROPOSED RATE CHANGES**

EFFECTIVE JUNE 1, 2007

**COMPREHENSIVE HEALTH CENTERS
& HEALTH CENTERS**

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

FACILITY: EL MONTE CHC (LAC+USC HEALTHCARE NETWORK)

<u>GENERAL OUTPATIENT SERVICES</u>	CLINIC & RELATED STAFF SERVICES
Level of Care	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

Other Outpatient Services

District Health Officer Signature - Alien Waiver 27

Note: No rate change is being proposed for the El Monte CHC.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

FACILITY: H. CLAUDE HUDSON CHC (LAC+USC HEALTHCARE NETWORK)

<u>GENERAL OUTPATIENT SERVICES</u>	CLINIC & RELATED STAFF SERVICES
<u>Level of Care</u>	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

Other Outpatient Services

District Health Officer Signature - Alien Waiver 27

Note: No rate change is being proposed for the H. Claude Hudson CHC.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

FACILITY: EDWARD R. ROYBAL CHC (LAC+USC HEALTHCARE NETWORK)

<u>GENERAL OUTPATIENT SERVICES</u>	CLINIC & RELATED STAFF SERVICES
<u>Level of Care</u>	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

Other Outpatient Services

District Health Officer Signature - Alien Waiver 27

Note: No rate change is being proposed for the Edward. R. Roybal CHC.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

FACILITY: LA PUENTE (LAC+USC HEALTHCARE NETWORK)

<u>GENERAL OUTPATIENT SERVICES</u>	CLINIC & RELATED STAFF SERVICES
<u>Level of Care</u>	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

Other Outpatient Services

District Health Officer Signature - Alien Waiver	27
--	----

Note: No rate change is being proposed for the La Puente HC.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED**JUVENILE COURT HEALTH SERVICES****INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES**

FISCAL YEAR 2006-07

(Effective June 1, 2007)

FACILITY: BARRY J. NIDORF JUVENILE HALL (LAC+USC HEALTHCARE NETWORK)

<u>GENERAL OUTPATIENT SERVICES</u>	CLINIC & RELATED STAFF SERVICES
<u>Level of Care</u>	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICESOther Outpatient Services

District Health Officer Signature - Alien Waiver 27

Note: No rate change is being proposed for the Barry J. Nidorf Juvenile Hall.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
JUVENILE COURT HEALTH SERVICES
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

FACILITY: CENTRAL JUVENILE HALL (LAC+USC HEALTHCARE NETWORK)

<u>GENERAL OUTPATIENT SERVICES</u>	<u>CLINIC & RELATED STAFF SERVICES</u>
<u>Level of Care</u>	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

Other Outpatient Services

District Health Officer Signature - Alien Waiver 27

Note: No rate change is being proposed for the Central Juvenile Hall.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
JUVENILE COURT HEALTH SERVICES
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

FACILITY: DOROTHY KIRBY (LAC+USC HEALTHCARE NETWORK)

<u>GENERAL OUTPATIENT SERVICES</u>	CLINIC & RELATED STAFF SERVICES
<u>Level of Care</u>	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

Other Outpatient Services

District Health Officer Signature - Alien Waiver 27

Note: No rate change is being proposed for the Dorothy Kirby Juvenile Hall.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
JUVENILE COURT HEALTH SERVICES
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

FACILITY: LOS PADRINOS (LAC+USC HEALTHCARE NETWORK)

<u>GENERAL OUTPATIENT SERVICES</u>	CLINIC & RELATED STAFF SERVICES
<u>Level of Care</u>	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

Other Outpatient Services

District Health Officer Signature - Alien Waiver 27

Note: No rate change is being proposed for the Los Padrinos Juvenile Hall.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

FACILITY: LONG BEACH (COASTAL AREA)

GENERAL OUTPATIENT SERVICES

Level of Care

**CLINIC &
RELATED STAFF
SERVICES**

Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

Other Outpatient Services

District Health Officer Signature - Alien Waiver	27
--	----

Note: No rate change is being proposed for the Long Beach CHC.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

FACILITY: BELLFLOWER (COASTAL AREA)

GENERAL OUTPATIENT SERVICES

<u>Level of Care</u>	<u>CLINIC & RELATED STAFF SERVICES</u>
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

<u>Other Outpatient Services</u>	
District Health Officer Signature - Alien Waiver	27

Note: No rate change is being proposed for the Bellflower HC.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

FACILITY: WILMINGTON (COASTAL AREA)

GENERAL OUTPATIENT SERVICES

<u>Level of Care</u>	<u>CLINIC & RELATED STAFF SERVICES</u>
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

<u>Other Outpatient Services</u>	
District Health Officer Signature - Alien Waiver	27

Note: No rate change is being proposed for the Wilmington HC.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

FACILITY: HUBERT H. HUMPHREY (SOUTHWEST AREA)

<u>GENERAL OUTPATIENT SERVICES</u>	CLINIC & RELATED STAFF SERVICES
<u>Level of Care</u>	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

<u>Other Outpatient Services</u>	
District Health Officer Signature - Alien Waiver	27

Note: No rate change is being proposed for the Hubert H. Humphrey CHC.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

FACILITY: MID-VALLEY VAN NUYS (SAN FERNANDO VALLEY AREA)

<u>GENERAL OUTPATIENT SERVICES</u>	CLINIC & RELATED STAFF SERVICES
Level of Care	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

Other Outpatient Services

District Health Officer Signature - Alien Waiver 27

Note: No rate change is being proposed for the Mid-Valley Nan Nuys CHC.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

FACILITY: GLENDALE (SAN FERNANDO VALLEY AREA)

<u>GENERAL OUTPATIENT SERVICES</u>	CLINIC & RELATED STAFF SERVICES
Level of Care	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

Other Outpatient Services

District Health Officer Signature - Alien Waiver

27

Note: No rate change is being proposed for the Glendale HC.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

FACILITY: SAN FERNANDO H.C. (SAN FERNANDO VALLEY AREA)

<u>GENERAL OUTPATIENT SERVICES</u>	CLINIC & RELATED STAFF SERVICES
<u>Level of Care</u>	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

<u>Other Outpatient Services</u>	
District Health Officer Signature - Alien Waiver	27

Note: No rate change is being proposed for the San Fernando HC.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

FACILITY: ANTELOPE VALLEY HC (SAN FERNANDO VALLEY AREA)

<u>GENERAL OUTPATIENT SERVICES</u>	CLINIC & RELATED STAFF SERVICES
<u>Level of Care</u>	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

<u>Other Outpatient Services</u>	
District Health Officer Signature - Alien Waiver	27

Note: No rate change is being proposed for the Antelope Valley HC.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

FACILITY: LAKE LOS ANGELES HC (SAN FERNANDO VALLEY AREA)

<u>GENERAL OUTPATIENT SERVICES</u>	CLINIC & RELATED STAFF SERVICES
Level of Care	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

Other Outpatient Services

District Health Officer Signature - Alien Waiver 27

Note: No rate change is being proposed for the Lake Los Angeles HC.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

FACILITY: LITTLEROCK HC (SAN FERNANDO VALLEY AREA)

<u>GENERAL OUTPATIENT SERVICES</u>	CLINIC & RELATED STAFF SERVICES
Level of Care	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

Other Outpatient Services

District Health Officer Signature - Alien Waiver

27

Note: No rate change is being proposed for the Littlerock HC.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS
INCLUSIVE CLINIC AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

FACILITY: SOUTH ANTELOPE VALLEY HC - (SAN FERNANDO VALLEY AREA)

<u>GENERAL OUTPATIENT SERVICES</u>	CLINIC & RELATED STAFF SERVICES
<u>Level of Care</u>	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

SPECIAL OUTPATIENT SERVICES

Other Outpatient Services

District Health Officer Signature - Alien Waiver

27

Note: No rate change is being proposed for the South Antelope Valley HC.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
HIGH DESERT HEALTH SYSTEMS
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

<u>FACILITY: AMBULATORY SURGICAL CENTER</u> <u>(SAN FERNANDO VALLEY AREA)</u>	<u>CLINIC &</u> <u>RELATED STAFF</u> <u>SERVICES</u>
--	--

GENERAL OUTPATIENT SERVICES

Level of Care

Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

Note: No rate change is being proposed for the High Desert Health System- Ambulatory Surgical Center.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
HIGH DESERT HEALTH SYSTEMS
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2006-07
 (Effective June 1, 2007)

<u>FACILITY: PRIMARY CARE/COMMUNITY CLINICS (SAN FERNANDO VALLEY AREA)</u>	<u>CLINIC & RELATED STAFF SERVICES</u>
<u>GENERAL OUTPATIENT SERVICES</u>	
<u>Level of Care</u>	
Level 1	\$40
Level 2	60
Level 3	75
Level 4	100
Level 5	125
Level 6	150
Level 7	175
Level 8	200
Level 9	225
Level 10	250
Level 11	275
Level 12	300
Level 13	350
Level 14	400
Level 15	450
Level 16	500
Level 17	550
Level 18	600
Level 19	650
Level 20	700
Level 21	800
Level 22	900
Level 23	1,000
Level 24	1,100
Level 25	1,200
Level 26	1,300
Level 27	1,400
Level 28	1,500
Level 29	1,700
Level 30	1,900
Level 31	2,100
Level 32	2,300
Level 33	2,500
Level 34	2,700
Level 35	2,900
Level 36	3,400
Level 37	3,900
Level 38	4,400
Level 39	4,900
Level 40	5,400

Note: No rate change is being proposed for the High Desert Health System-
Primary Care/Community Clinics.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
NON-HOSPITAL OUTPATIENT SERVICES
ELIMINATION OF PREVIOUSLY APPROVED OUTPATIENT RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

<u>SPECIAL OUTPATIENT SERVICES</u>	<u>CLINIC & RELATED STAFF SERVICES</u>
<u>LAC+USC HEALTHCARE NETWORK</u>	
El Monte CHC	
Observation Outpatient	\$35
H. Claude Hudson CHC	
Observation Outpatient	35
Edward R. Roybal CHC	
Observation Outpatient	35
La Puente Health Center	
Observation Outpatient	35
Barry J. Nidorf Juvenile Hall	
Observation Outpatient	35
Central Juvenile Hall	
Observation Outpatient	35
Dorothy Kirby Juvenile Hall	
Observation Outpatient	35
Los Padrinos Juvenile Hall	
Observation Outpatient	35
<u>COASTAL AREA</u>	
Long Beach CHC	
Observation Outpatient	35
Bellflower Health Center	
Observation Outpatient	35
Wilmington Health Center	
Observation Outpatient	35
<u>SOUTHWEST AREA</u>	
Hubert H. Humphrey CHC	
Observation Outpatient	35
<u>SAN FERNANDO VALLEY AREA</u>	
Mid-Valley Van Nuys CHC	
Observation Outpatient	35
Glendale Health Center	
Observation Outpatient	35
San Fernando Health Center	
Observation Outpatient	35
Antelope Valley Health Center	
Observation Outpatient	35
Lake Los Angeles Health Center	
Observation Outpatient	35
Littlerock Health Center	
Observation Outpatient	35
South Antelope Valley Health Center	
Observation Outpatient	35
High Desert Health System-Ambulatory Surgical Center	
Observation Outpatient	40
High Desert Health System-Primary Care/Community Clinics	
Observation Outpatient	40

ATTACHMENT IV

**FISCAL YEAR 2006-07
PROPOSED RATE CHANGES**

EFFECTIVE JUNE 1, 2007

**ITEMIZED OUTPATIENT CHARGES
FOR VARIOUS PROGRAM SERVICES**

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
A0021	Outside state ambulance serv	\$19
A0080	Noninterest escort in non er	6
A0090	Interest escort in non er	1
A0100	Nonemergency transport taxi	24
A0110	Nonemergency transport bus	20
A0120	Noner transport mini-bus	70
A0130	Noner transport wheelch van	38
A0140	Nonemergency transport air	251
A0160	Noner transport case worker	1
A0170	Transport parking fees/tolls	36
A0180	Noner transport lodgng recip	124
A0190	Noner transport meals recip	79
A0200	Noner transport lodgng escrt	1
A0225	Neonatal emergency transport	689
A0380	Basic life support mileage	13
A0382	Basic support routine suppl	16
A0384	Bls defibrillation supplies	53
A0390	Advanced life support mileag	13
A0392	Als defibrillation supplies	79
A0394	Als IV drug therapy supplies	39
A0396	Als esophageal intub suppl	61
A0398	Als routine disposble suppl	15
A0420	Ambulance waiting 1/2 hr	34
A0422	Ambulance O2 life sustaining	77
A0424	Extra ambulance attendant	16
A0425	Ground mileage	8
A0426	Als 1	419
A0427	ALS1-emergency	663
A0428	bls	349
A0429	BLS-emergency	558
A0430	Fixed wing air transport	3,818
A0431	Rotary wing air transport	4,439
A0432	PI volunteer ambulance co	610
A0433	als 2	959
A0434	Specialty care transport	1,134
A0435	Fixed wing air mileage	10
A0436	Rotary wing air mileage	27
A0800	Amb trans 7pm-7am	105
A0888	Noncovered ambulance mileage	14
A4206	1 CC sterile syringe&needle	1
A4207	2 CC sterile syringe&needle	1
A4208	3 CC sterile syringe&needle	1
A4209	5 + CC sterile syringe&needle	1
A4210	Nonneedle injection device	2,199
A4211	Supp for self-adm injections	1
A4212	Non coring needle or stylet	18

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
A4213	20 + CC syringe only	3
A4214	30 CC sterile water/saline	3
A4215	Sterile needle	1
A4216	Sterile water/saline, 10 ml	1
A4217	Sterile water/saline, 500 ml	4
A4220	Infusion pump refill kit	92
A4221	Maint drug infus cath per wk	32
A4222	Infusion supplies with pump	65
A4230	Infus insulin pump non needl	18
A4231	Infusion insulin pump needle	21
A4232	Syringe w/needle insulin 3cc	4
A4233	Alkalin batt for glucose mon	1
A4234	J-cell batt for glucose mon	5
A4235	Lithium batt for glucose mon	3
A4236	Silvr oxide batt glucose mon	2
A4244	Alcohol or peroxide per pint	3
A4245	Alcohol wipes per box	14
A4246	Betadine/phisohex solution	8
A4247	Betadine/iodine swabs/wipes	8
A4248	Chlorhexidine antisept	7
A4250	Urine reagent strips/tablets	24
A4253	Blood glucose/reagent strips	60
A4254	Battery for glucose monitor	10
A4255	Glucose monitor platforms	6
A4256	Calibrator solution/chips	16
A4257	Replace Lensshield Cartridge	18
A4258	Lancet device each	25
A4259	Lancets per box	20
A4260	Levonorgestrel implant	706
A4261	Cervical cap contraceptive	70
A4262	Temporary tear duct plug	1
A4263	Permanent tear duct plug	94
A4265	Paraffin	5
A4266	Diaphragm	66
A4267	Male condom	0
A4268	Female condom	1
A4269	Spermicide	1
A4270	Disposable endoscope sheath	39
A4280	Brst prsths adhsv attchmnt	8
A4290	Sacral nerve stim test lead	220
A4300	Cath impl vasc access portal	31
A4301	Implantable access syst perc	31
A4305	Drug delivery system > = 50 ML	38
A4306	Drug delivery system < = 5 ML	34
A4310	Insert tray w/o bag/cath	11
A4311	Catheter w/o bag 2-way latex	21

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
A4312	Cath w/o bag 2-way silicone	25
A4313	Catheter w/bag 3-way	26
A4314	Cath w/drainage 2-way latex	35
A4315	Cath w/drainage 2-way silcne	37
A4316	Cath w/drainage 3-way	40
A4319	Sterile H2O irrigation solut	10
A4320	Irrigation tray	7
A4321	Cath therapeutic irrig agent	3
A4322	Irrigation syringe	4
A4323	Saline irrigation solution	14
A4324	Male ext cath w/adh coating	4
A4325	Male ext cath w/adh strip	3
A4326	Male external catheter	15
A4327	Fem urinary collect dev cup	62
A4328	Fem urinary collect pouch	15
A4330	Stool collection pouch	10
A4331	Extension drainage tubing	4
A4332	Lube sterile packet	0
A4333	Urinary cath anchor device	3
A4334	Urinary cath leg strap	7
A4335	Incontinence supply	1
A4338	Indwelling catheter latex	17
A4340	Indwelling catheter special	44
A4344	Cath indw foley 2 way silicn	22
A4346	Cath indw foley 3 way	27
A4347	Male external catheter	31
A4348	Male ext cath extended wear	39
A4349	Disposable male external cat	3
A4351	Straight tip urine catheter	3
A4352	Coude tip urinary catheter	9
A4353	Intermittent urinary cath	10
A4354	Cath insertion tray w/bag	17
A4355	Bladder irrigation tubing	12
A4356	Ext ureth clmp or compr dvc	64
A4357	Bedside drainage bag	14
A4358	Urinary leg or abdomen bag	9
A4359	Urinary suspensory w/o leg b	43
A4360	Adult incontinence garment	1
A4361	Ostomy face plate	26
A4362	Solid skin barrier	5
A4363	Ostomy clamp, replacement	3
A4364	Adhesive, liquid or equal	4
A4365	Adhesive remover wipes	16
A4366	Ostomy vent	2
A4367	Ostomy belt	10
A4368	Ostomy filter	0

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
A4369	Skin barrier liquid per oz	3
A4370	Skin barrier paste per oz	5
A4371	Skin barrier powder per oz	5
A4372	Skin barrier solid 4x4 equiv	6
A4373	Skin barrier with flange	9
A4374	Skin barrier extended wear	13
A4375	Drainable plastic pch w fcpl	24
A4376	Drainable rubber pch w fcplt	67
A4377	Drainable plstic pch w/o fp	6
A4378	Drainable rubber pch w/o fp	43
A4379	Urinary plastic pouch w fcpl	21
A4380	Urinary rubber pouch w fcplt	52
A4381	Urinary plastic pouch w/o fp	6
A4382	Urinary hvy plstc pch w/o fp	34
A4383	Urinary rubber pouch w/o fp	39
A4384	Ostomy faceplt/silicone ring	13
A4385	Ost skn barrier sld ext wear	7
A4386	Ost skn barrier w flng ex wr	10
A4387	Ost clsd pouch w att st barr	6
A4388	Drainable pch w ex wear barr	6
A4389	Drainable pch w st wear barr	9
A4390	Drainable pch ex wear convex	13
A4391	Urinary pouch w ex wear barr	10
A4392	Urinary pouch w st wear barr	11
A4393	Urine pch w ex wear bar conv	13
A4394	Ostomy pouch liq deodorant	4
A4395	Ostomy pouch solid deodorant	0
A4396	Peristomal hernia supprt blt	57
A4397	Irrigation supply sleeve	7
A4398	Ostomy irrigation bag	19
A4399	Ostomy irrig cone/cath w brs	17
A4400	Ostomy irrigation set	68
A4402	Lubricant per ounce	2
A4404	Ostomy ring each	2
A4405	Nonpectin based ostomy paste	5
A4406	Pectin based ostomy paste	8
A4407	Ext wear ost skn barr ≤ 4sq	12
A4408	Ext wear ost skn barr > 4sq	14
A4409	Ost skn barr convex ≤ 4 sq i	9
A4410	Ost skn barr extnd > 4 sq	13
A4411	Ost skn barr extnd = 4sq	7
A4412	Ost pouch drain high output	4
A4413	2 pc drainable ost pouch	8
A4414	Ost sknbar w/o conv ≤ 4 sq in	7
A4415	Ost skn barr w/o conv > 4 sqi	8
A4416	Ost pch clsd w barrier/filtr	4

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
A4417	Ost pch w bar/bltinconv/fltr	5
A4418	Ost pch clsd w/o bar w fltr	3
A4419	Ost pch for bar w flange/flt	2
A4420	Ost pch clsd for bar w lk fl	4
A4421	Ostomy supply misc	4
A4422	Ost pouch absorbent material	0
A4423	Ost pch for bar w lk fl/fltr	3
A4424	Ost pch drain w bar & filter	7
A4425	Ost pch drain for barrier fl	5
A4426	Ost pch drain 2 piece system	4
A4427	Ost pch drain/barr lk flng/f	4
A4428	Urine ost pouch w faucet/tap	9
A4429	Urine ost pouch w bltinconv	12
A4430	Ost urine pch w b/bltin conv	12
A4431	Ost pch urine w barrier/tapv	9
A4432	Os pch urine w bar/fange/tap	5
A4433	Urine ost pch bar w lock fln	5
A4434	Ost pch urine w lock flng/ft	5
A4450	Non-waterproof tape	0
A4452	Waterproof tape	1
A4454	Tape all types all sizes	4
A4455	Adhesive remover per ounce	2
A4458	Reusable enema bag	13
A4460	Elastic compression bandage	1
A4462	Abdmnl drssng holder/binder	5
A4464	Joint support device/garment	35
A4465	Non-elastic extremity binder	29
A4470	Gravlee jet washer	15
A4480	Vabra aspirator	11
A4481	Tracheostoma filter	1
A4483	Moisture exchanger	13
A4490	Above knee surgical stocking	21
A4495	Thigh length surg stocking	20
A4500	Below knee surgical stocking	16
A4510	Full length surg stocking	39
A4520	Incontinence garment anytype	1
A4521	Adult size diaper sm each	1
A4522	Adult size diaper med each	1
A4523	Adult size diaper lg each	1
A4524	Adult size diaper xl each	1
A4525	Adult size brief sm each	1
A4526	Adult size brief med each	1
A4527	Adult size brief lg each	3
A4528	Adult size brief xl each	1
A4529	Child size diaper sm/med ea	1
A4530	Child size diaper lg each	1

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
A4531	Child size brief sm/med each	1
A4532	Child size brief lg each	2
A4533	Youth size diaper each	1
A4534	Youth size brief each	1
A4535	Disp incont liner/shield ea	1
A4536	Prot underwr wshbl any sz ea	1
A4537	Under pad reusable any sz ea	1
A4538	Reusable diaper from dpr svc	1
A4550	Surgical trays	70
A4554	Disposable underpads	4
A4556	Electrodes, pair	17
A4557	Lead wires, pair	30
A4558	Conductive paste or gel	8
A4561	Pessary rubber, any type	32
A4562	Pessary, non rubber,any type	79
A4565	Slings	10
A4570	Splint	39
A4572	Rib belt	29
A4575	Hyperbaric o2 chamber disps	863
A4580	Cast supplies (plaster)	63
A4590	Special casting material	70
A4595	TENS suppl 2 lead per month	40
A4604	Tubing with heating element	94
A4605	Trach suction cath close sys	23
A4606	Oxygen probe used w oximeter	3
A4608	Transtracheal oxygen cath	81
A4609	Trach suction cath clsd sys	23
A4610	Trach sctn cath 72h clsdsys	35
A4611	Heavy duty battery	275
A4612	Battery cables	112
A4613	Battery charger	202
A4614	Hand-held PEFR meter	33
A4615	Cannula nasal	4
A4616	Tubing (oxygen) per foot	1
A4617	Mouth piece	16
A4618	Breathing circuits	12
A4619	Face tent	2
A4620	Variable concentration mask	8
A4621	Tracheotomy mask or collar	3
A4622	Tracheostomy or larngectomy	90
A4623	Tracheostomy inner cannula	9
A4624	Tracheal suction tube	4
A4625	Trach care kit for new trach	10
A4626	Tracheostomy cleaning brush	4
A4627	Spacer bag/reservoir	44
A4628	Oropharyngeal suction cath	5

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
A4629	Tracheostomy care kit	6
A4630	Repl bat t.e.n.s. own by pt	9
A4631	Wheelchair battery	158
A4632	Infus pump rplcmnt battery	4
A4633	Uvl replacement bulb	57
A4635	Underarm crutch pad	7
A4636	Handgrip for cane etc	6
A4637	Repl tip cane/crutch/walker	3
A4639	Infrared ht sys replcmnt pad	402
A4640	Alternating pressure pad	89
A4642	In111 satumomab	94
A4643	High dose contrast MRI	20
A4644	Contrast 100-199 MGs iodine	3
A4645	Contrast 200-299 MGs iodine	4
A4646	Contrast 300-399 MGs iodine	3
A4647	Supp- paramagnetic contr mat	236
A4651	Calibrated microcap tube	3
A4652	Microcapillary tube sealant	5
A4656	Needle any size	1
A4657	Syringe w/wo needle	1
A4660	Sphyg/bp app w cuff and stet	29
A4663	Dialysis blood pressure cuff	39
A4670	Automatic bp monitor, dial	146
A4671	Disposable cyclor set	42
A4672	Drainage ext line, dialysis	23
A4673	Ext line w easy lock connect	56
A4680	Activated carbon filter, ea	168
A4690	Dialyzer, each	1,666
A4706	Bicarbonate conc sol per gal	30
A4707	Bicarbonate conc pow per pac	8
A4709	Acid conc sol per gallon	16
A4712	Sterile water inj per 10 ml	3
A4714	Treated water per gallon	120
A4719	Y set tubing	16
A4721	Dialysat sol fld vol > 999cc	43
A4722	Dialys sol fld vol > 1999cc	46
A4723	Dialys sol fld vol > 2999cc	51
A4724	Dialys sol fld vol > 3999cc	6
A4725	Dialys sol fld vol > 4999cc	46
A4726	Dialys sol fld vol > 5999cc	55
A4730	Fistula cannulation set, ea	4
A4750	Art or venous blood tubing	29
A4755	Comb art/venous blood tubing	26
A4765	Dialysate conc pow per pack	13
A4766	Dialysate conc sol add 10 ml	6
A4770	Blood collection tube/vacuum	16

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
A4772	Blood glucose test strips	65
A4773	Occult blood test strips	26
A4801	Heparin per 1000 units	9
A4802	Protamine sulfate per 50 mg	13
A4860	Disposable catheter tips	9
A4911	Drain bag/bottle	20
A4913	Misc dialysis supplies noc	7
A4918	Venous pressure clamp	3
A4927	Non-sterile gloves	8
A4928	Surgical mask	1
A4929	Tourniquet for dialysis, ea	1
A4930	Sterile, gloves per pair	1
A4931	Reusable oral thermometer	9
A5051	Pouch clsd w barr attached	3
A5052	Clsd ostomy pouch w/o barr	2
A5053	Clsd ostomy pouch faceplate	2
A5054	Clsd ostomy pouch w/flange	3
A5055	Stoma cap	2
A5061	Pouch drainable w barrier at	5
A5062	Drnble ostomy pouch w/o barr	3
A5063	Drain ostomy pouch w/flange	4
A5071	Urinary pouch w/barrier	8
A5072	Urinary pouch w/o barrier	5
A5073	Urinary pouch on barr w/flng	4
A5081	Continent stoma plug	5
A5082	Continent stoma catheter	17
A5093	Ostomy accessory convex inse	3
A5102	Bedside drain btl w/wo tube	32
A5105	Urinary suspensory	57
A5112	Urinary leg bag	48
A5113	Latex leg strap	7
A5114	Foam/fabric leg strap	13
A5119	Skin barrier wipes box pr 50	18
A5120	Skin barrier, wipe or swab	0
A5121	Solid skin barrier 6x6	10
A5122	Solid skin barrier 8x8	18
A5123	Skin barrier with flange	9
A5126	Disk/foam pad +or- adhesive	2
A5131	Appliance cleaner	22
A5200	Percutaneous catheter anchor	16
A5500	Diab shoe for density insert	100
A5501	Diabetic custom molded shoe	299
A5503	Diabetic shoe w/roller/rockr	44
A5504	Diabetic shoe with wedge	44
A5505	Diab shoe w/metatarsal bar	44
A5506	Diabetic shoe w/off set heel	44

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
A5507	Modification diabetic shoe	44
A5508	Diabetic deluxe shoe	79
A5509	Direct heat form shoe insert	60
A5510	Compression form shoe insert	55
A5511	Custom fab molded shoe inser	63
A5512	Multi den insert direct form	41
A5513	Multi den insert custom mold	61
A6000	Wound warming wound cover	0
A6010	Collagen based wound filler	43
A6011	Collagen gel/paste wound fil	3
A6021	Collagen dressing < = 16 sq in	29
A6022	Collagen drsg > 6 < = 48 sq in	29
A6023	Collagen dressing > 48 sq in	266
A6024	Collagen dsq wound filler	9
A6025	Silicone gel sheet, each	39
A6154	Wound pouch each	20
A6196	Alginate dressing < = 16 sq in	10
A6197	Alginate drsg > 16 < = 48 sq in	23
A6198	alginate dressing > 48 sq in	14
A6199	Alginate drsg wound filler	7
A6200	Compos drsg < = 16 no border	13
A6201	Compos drsg > 16 < = 48 no bdr	29
A6202	Compos drsg > 48 no border	49
A6203	Composite drsg < = 16 sq in	5
A6204	Composite drsg > 16 < = 48 sq in	9
A6205	Composite drsg > 48 sq in	31
A6206	Contact layer < = 16 sq in	13
A6207	Contact layer > 16 < = 48 sq in	10
A6208	Contact layer > 48 sq in	8
A6209	Foam drsg < = 16 sq in w/o bdr	10
A6210	Foam drg > 16 < = 48 sq in w/o b	28
A6211	Foam drg > 48 sq in w/o brdr	41
A6212	Foam drg < = 16 sq in w/border	14
A6213	Foam drg > 16 < = 48 sq in w/bdr	36
A6214	Foam drg > 48 sq in w/border	14
A6215	Foam dressing wound filler	4
A6216	Non-sterile gauze < = 16 sq in	0
A6217	Non-sterile gauze > 16 < = 48 sq	1
A6218	Non-sterile gauze > 48 sq in	1
A6219	Gauze < = 16 sq in w/border	1
A6220	Gauze > 16 < = 48 sq in w/bordr	4
A6221	Gauze > 48 sq in w/border	1
A6222	Gauze < = 16 in no w/sal w/o b	3
A6223	Gauze > 16 < = 48 no w/sal w/o b	3
A6224	Gauze > 48 in no w/sal w/o b	5
A6228	Gauze < = 16 sq in water/sal	4

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
A6229	Gauze > 16 < = 48 sq in watr/sal	5
A6230	Gauze > 48 sq in water/salne	9
A6231	Hydrogel dsg < = 16 sq in	7
A6232	Hydrogel dsg > 16 < = 48 sq in	10
A6233	Hydrogel dressing > 48 sq in	27
A6234	Hydrocolld drg < = 16 w/o bdr	9
A6235	Hydrocolld drg > 16 < = 48 w/o b	24
A6236	Hydrocolld drg > 48 in w/o b	38
A6237	Hydrocolld drg < = 16 in w/bdr	11
A6238	Hydrocolld drg > 16 < = 48 w/bdr	32
A6240	Hydrocolld drg filler paste	17
A6241	Hydrocolloid drg filler dry	4
A6242	Hydrogel drg < = 16 in w/o bdr	9
A6243	Hydrogel drg > 16 < = 48 w/o bdr	17
A6244	Hydrogel drg > 48 in w/o bdr	55
A6245	Hydrogel drg < = 16 in w/bdr	10
A6246	Hydrogel drg > 16 < = 48 in w/b	14
A6247	Hydrogel drg > 48 sq in w/b	33
A6248	Hydrogel drsg gel filler	23
A6250	Skin seal protect moisturizr	1
A6251	Absorpt drg < = 16 sq in w/o b	3
A6252	Absorpt drg > 16 < = 48 w/o bdr	5
A6253	Absorpt drg > 48 sq in w/o b	9
A6254	Absorpt drg < = 16 sq in w/bdr	2
A6255	Absorpt drg > 16 < = 48 in w/bdr	4
A6256	Absorpt drg > 48 sq in w/bdr	11
A6257	Transparent film < = 16 sq in	2
A6258	Transparent film > 16 < = 48 in	6
A6259	Transparent film > 48 sq in	15
A6260	Wound cleanser any type/size	1
A6261	Wound filler gel/paste /oz	6
A6262	Wound filler dry form / gram	4
A6263	Non-sterile elastic gauze/yd	1
A6264	Non-sterile no elastic gauze	1
A6265	Tape per 18 sq inches	1
A6266	Impreg gauze no h20/sal/yard	3
A6402	Sterile gauze < = 16 sq in	0
A6403	Sterile gauze > 16 < = 48 sq in	1
A6404	Sterile gauze > 48 sq in	1
A6405	Sterile elastic gauze /yd	1
A6406	Sterile non-elastic gauze/yd	1
A6407	Packing strips, non-impreg	3
A6410	Sterile eye pad	1
A6412	Occlusive eye patch	0
A6421	Pad bandage > = 3 < 5in w /roll	4
A6422	Conf bandage ns > = 3 < 5w/roll	1

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
A6424	Conf bandage ns > = 5 w /roll	4
A6426	Conf bandage s > = 3 < 5 w/roll	3
A6428	Conf bandage s > = 5 w /roll	5
A6430	Lt compres bdg > = 3 < 5 w /roll	14
A6432	Lt compres bdg > = 5 w /roll	8
A6434	Mo compres bdg > = 3 < 5 w /roll	13
A6436	Hi compres bdg > = 3 < 5 w /roll	30
A6438	Self-adher bdg > = 3 < 5 w /roll	14
A6440	Zinc paste bdg > = 3 < 5 w /roll	20
A6441	Pad band w > = 3 < 5 /yd	1
A6442	Conform band n/s w < 3 /yd	0
A6443	Conform band n/s w > = 3 < 5 /yd	0
A6444	Conform band n/s w > = 5 /yd	1
A6445	Conform band s w < 3 /yd	0
A6446	Conform band s w > = 3 < 5 /yd	1
A6447	Conform band s w > = 5 /yd	1
A6448	Lt compres band < 3 /yd	2
A6449	Lt compres band > = 3 < 5 /yd	2
A6450	Lt compres band > = 5 /yd	13
A6451	Mod compres band w > = 3 < 5 /yd	13
A6452	High compres band w > = 3 < 5 /yd	8
A6453	Self-adher band w < 3 /yd	1
A6454	Self-adher band w > = 3 < 5 /yd	1
A6455	Self-adher band > = 5 /yd	2
A6456	Zinc paste band w > = 3 < 5 /yd	2
A6457	Tubular dressing	2
A6502	Compres burngarment chinstrp	0
A6504	Cmprsburngarment glove-wrist	167
A6512	Compres burn garment, noc	136
A6531	Compression stocking BK30-40	61
A6532	Compression stocking BK40-50	85
A6550	Neg pres wound ther drsg set	38
A6551	Neg press wound ther canistr	39
A7000	Disposable canister for pump	13
A7001	Nondisposable pump canister	46
A7002	Tubing used w suction pump	5
A7003	Nebulizer administration set	4
A7004	Disposable nebulizer sml vol	3
A7005	Nondisposable nebulizer set	43
A7006	Filtered nebulizer admin set	13
A7007	Lg vol nebulizer disposable	6
A7008	Disposable nebulizer prefill	15
A7009	Nebulizer reservoir bottle	59
A7010	Disposable corrugated tubing	33
A7011	Nondispos corrugated tubing	39
A7012	Nebulizer water collec devic	5

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
A7013	Disposable compressor filter	1
A7014	Compressor nondispos filter	6
A7015	Aerosol mask used w nebulize	3
A7016	Nebulizer dome & mouthpiece	10
A7017	Nebulizer not used w oxygen	188
A7018	Water distilled w/nebulizer	1
A7019	Saline solution dispenser	1
A7020	Sterile H2O or NSS w lgv neb	4
A7025	Replace chest compress vest	609
A7026	Replace chst cmprss sys hose	40
A7030	CPAP full face mask	264
A7031	Replacement facemask interfa	98
A7032	Replacement nasal cushion	57
A7033	Replacement nasal pillows	40
A7034	Nasal application device	165
A7035	Pos airway press headgear	56
A7036	Pos airway press chinstrap	25
A7037	Pos airway pressure tubing	57
A7038	Pos airway pressure filter	8
A7039	Filter, non disposable w pap	21
A7040	One way chest drain valve	63
A7041	Water seal drain container	118
A7042	Implanted pleural catheter	286
A7043	Vacuum drainagebottle/tubing	41
A7044	PAP oral interface	169
A7045	Repl exhalation port for PAP	27
A7046	Repl water chamber, PAP dev	27
A7501	Tracheostoma valve w diaphra	147
A7502	Replacement diaphragm/fplate	70
A7503	HMES filter holder or cap	16
A7504	Tracheostoma HMES filter	1
A7505	HMES or trach valve housing	7
A7506	HMES/trachvalve adhesivedisk	0
A7507	Integrated filter & holder	3
A7508	Housing & Integrated Adhesiv	4
A7509	Heat & moisture exchange sys	2
A7520	Trach/laryn tube non-cuffed	66
A7521	Trach/laryn tube cuffed	66
A7522	Trach/laryn tube stainless	63
A7524	Tracheostoma stent/stud/btttn	108
A7525	Tracheostomy mask	3
A7526	Tracheostomy tube collar	5
A7527	Trach/laryn tube plug/stop	5
A9500	Tc99m sestamibi	196
A9502	Tc99m tetrofosmin	220
A9503	Tc99m medronate	55

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
A9504	Tc99m apcitide	167
A9505	TL201 thallium	113
A9507	In111 capromab	3,411
A9508	I131 iodobenguante, dx	36
A9510	Tc99m disofenin	157
A9512	Tc99m pertechnetate	4
A9513	Technetium tc-99m mebrofenin	69
A9514	Technetiumtc99mpyrophosphate	31
A9515	Technetium tc-99m pentetate	14
A9516	I123 iodide cap, dx	1
A9517	I131 iodide cap, rx	42
A9519	Technetiumtc-99mmacroag albu	45
A9520	Technetiumtc-99m sulfur clld	90
A9521	Tc99m exametazime	1,177
A9523	Yttrium90ibritumomabtioxetan	859
A9524	Yttrium90ibritumomabtioxetan	859
A9525	Iodine I-131 iodinated serum alblueumin, dx	51
A9526	Nitrogen n-13 amonia,diagnostic	323
A9528	Iodine I-131 iodide cap, dx	168
A9529	I131 iodide sol, dx	59
A9530	I131 iodide sol, rx	49
A9531	I131 max 100uCi	5
A9534	I-131 tositumomab therapeut	49
A9535	Injection, methylene blue	4
A9536	Technetium tc-99m depreotide, diagnostic	95
A9539	Technetium tc-99m pentetate, diagnostic	79
A9542	Indium in-111 ibritumomab tiuxetan, diagnostic	1,882
A9543	Yttrium y-90 ibritumomab tiuxetan, therapeutic	16,982
A9544	Iodine i-131 tositumomab, diagnostic	1,915
A9545	Iodine i-131 tositumomab, therapeutic	16,616
A9546	Cobalt co-57/58, cyanocobalamin	209
A9547	Indium in-111 oxyquinoline, diagnostic	429
A9548	Indium in-111 pentetate, diagnostic	368
A9549	Technetium tc-99m arcitumomab, diagnostic	358
A9550	Technetium tc-99m sodium gluceptate, diagnostic	331
A9551	Technetium tc-99m succimer, diagnostic	119
A9552	Fluorodeoxyglucose f-18 fdg, diagnostic	330
A9553	Chromium cr-51 sodium chromate, diagnostic	235
A9555	Rubidium rb-82, diagnostic	336
A9556	Gallium ga-67 citrate, diagnostic	32
A9557	Technetium tc-99m bicsate, diagnostic	356
A9559	Cobalt co-57, cyanocobalamin, oral, diagnostic	89
A9560	Technetium tc-99m labeled red blood cells, diagnostic	186
A9562	Technetium tc-99m mertiatide, diagnostic	252
A9563	Sodium phosphate p-32, therapeutic	164
A9564	Chromic phosphate p-32 suspension, therapeutic	311

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2006-07

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
A9565	Indium in-111 pentetreotide, diagnostic	260
A9566	Technetium tc-99m fanolesomab, diagnostic	738
A9600	Sr89 strontium	1,507
A9605	Sm 153 lexidronm	3,320
A9699	Radiopharm rx agent noc	14
A9700	Echocardiography Contrast	292
A9901	Delivery/set up/dispensing	31
A9999	DME supply or accessory, nos	11
B4034	Enter feed supkit syr by day	11
B4035	Enteral feed supp pump per d	21
B4036	Enteral feed sup kit grav by	18
B4081	Enteral ng tubing w/ stylet	56
B4082	Enteral ng tubing w/o stylet	30
B4083	Enteral stomach tube levine	9
B4086	Gastrostomy/jejunostomy tube	45
B4100	Food thickener oral	2
B4149	EF blenderized foods	3
B4150	EF complet w/intact nutrient	4
B4151	Enteral formulae cat1natural	3
B4152	EF calorie dense > / = 1.5Kcal	3
B4153	EF hydrolyzed/amino acids	11
B4154	EF spec metabolic noninherit	14
B4155	EF incomplete/modular	29
B4156	Enteral formulae category vi	13
B4158	EF ped complete intact nut	2
B4161	EF ped hydrolyzed/amino acid	4
B4164	Parenteral 50% dextrose solu	48
B4168	Parenteral sol amino acid 3.	90
B4172	Parenteral sol amino acid 5.	164
B4176	Parenteral sol amino acid 7-	188
B4178	Parenteral sol amino acid >	286
B4180	Parenteral sol carb > 50%	75
B4184	Parenteral sol lipids 10%	187
B4186	Parenteral sol lipids 20%	197
B4189	Parenteral sol amino acid &	282
B4193	Parenteral sol 52-73 gm prot	320
B4197	Parenteral sol 74-100 gm pro	389
B4199	Parenteral sol > 100gm prote	459
B4216	Parenteral nutrition additiv	12
B4220	Parenteral supply kit premix	16
B4222	Parenteral supply kit homemi	16
B4224	Parenteral administration ki	53
B5000	Parenteral sol renal-amirosoy	188
B5100	Parenteral sol hepatic-fream	286
B5200	Parenteral sol stres-brnch c	675
B9000	Enter infusion pump w/o alrm	162

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
B9002	Enteral infusion pump w/ ala	213
B9004	Parenteral infus pump portab	94
B9006	Parenteral infus pump statio	34
C1010	Blood, L/R, CMV-NEG	503
C1011	Platelets, HLA-m, L/R, unit	2,072
C1012	PLATELET CONC, L/R, Irrad	336
C1013	PLATELET CONC, L/R, Unit	207
C1014	Platelet,Aph/Pher, L/R, unit	1,562
C1016	BLOOD,L/R,FROZ/DEGLY/Washed	1,249
C1017	Plt, APH/PHER,L/R,CMV-NEG	1,629
C1018	Blood, L/R, IRRADIATED	548
C1058	TC 99M oxidronate, per vial	74
C1064	I-131 cap, each add mCi	140
C1079	CO 57/58 per 0.5 uCi	932
C1087	I-123 per 100 uCi	3
C1088	LASER OPTIC TR Sys	6,760
C1091	IN111 oxyquinoline,per0.5mCi	1,791
C1092	IN 111 pentetate per 0.5 mCi	2,713
C1094	TC99Malbumin aggr,per 1.0mCi	108
C1096	TC 99M EXAMETAZIME, PER Dose	120
C1097	TC 99M MEBROFENIN, PER Vial	163
C1098	TC 99M PENTETATE, PER Vial	135
C1099	TC 99M PYROPHOSPHATE,PER Via	110
C1122	Tc 99M ARCITUMOMAB PER VIAL	80
C1166	CYTARABINE LIPOSOMAL, 10 mg	1,310
C1167	EPIRUBICIN HCL, 2 mg	43
C1178	BUSULFAN IV, 6 Mg	93
C1188	I-131 cap, per 1-5 mCi	21
C1200	TC 99M Sodium Glucoheptonat	398
C1201	TC 99M SUCCIMER, PER Vial	478
C1202	TC 99M SULFUR COLLOID, Vial	138
C1207	OCTREOTIDE ACETATE DEPOT 1mg	477
C1300	HYPERBARIC Oxygen	324
C1305	Apligraf	4,079
C1348	I-131 sol, per 1-6 mCi	157
C1713	Anchor/screw bn/bn,tis/bn	779
C1715	Brachytherapy needle	99
C1716	Brachytx source, Gold 198	158
C1717	Brachytx source, HDR Ir-192	1,014
C1718	Brachytx source, Iodine 125	250
C1720	Brachytx sour, Palladium 103	527
C1721	AICD, dual chamber	47,108
C1725	Cath, translumin non-laser	1,323
C1726	Cath, bal dil, non-vascular	945
C1729	Cath, drainage	19
C1730	Cath, EP, 19 or few elect	667

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2006-07

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
C1733	Cath, EP, othr than cool-tip	2,885
C1750	Cath, hemodialysis, long-term	1,396
C1751	Cath, inf, per/cent/midline	38
C1753	Cath, intravas ultrasound	2,293
C1757	Cath, thrombectomy/embolect	1,257
C1758	Catheter, ureteral	137
C1760	Closure dev, vasc	1,016
C1765	Adhesion barrier	672
C1768	Graft, vascular	1,980
C1769	Guide wire	233
C1771	Rep dev, urinary, w/sling	2,963
C1774	Darbepoetin alfa, non-esrd	25
C1775	FDG, per dose (4-40 mCi/ml)	1,323
C1778	Lead, neurostimulator	6,993
C1780	Lens, intraocular (new tech)	560
C1781	Mesh (implantable)	641
C1785	Pmkr, dual, rate-resp	19,992
C1788	Port, indwelling, imp	1,310
C1874	Stent, coated/cov w/del sys	9,269
C1876	Stent, non-coa/non-cov w/del	5,232
C1877	Stent, non-coat/cov w/o del	1,123
C1879	Tissue marker, implantable	409
C1887	Catheter, guiding	228
C1888	Endovas non-cardiac abl cath	2,205
C1892	Intro/sheath, fixed, peel-away	175
C1893	Intro/sheath, fixed, non-peel	106
C1894	Intro/sheath, non-laser	84
C1898	Lead, pmkr, other than trans	2,481
C2617	Stent, non-cor, tem w/o del	637
C2618	Probe, cryoablation	2,095
C2629	Intro/sheath, laser	120
C2631	Rep dev, urinary, w/o sling	2,189
C8900	MRA w/cont, abd	2,407
C8902	MRA w/o fol w/cont, abd	2,474
C8905	MRI w/o fol w/cont, brst, un	2,456
C8908	MRI w/o fol w/cont, breast,	3,179
C8912	MRA w/cont, lwr ext	2,477
C8914	MRA w/o fol w/cont, lwr ext	2,367
C8950	IV INF, TX/DX, up to 1 hour	158
C8952	TX, Propy, DX IV Push	68
C8954	Chemotx Adm, IV Inf up to 1 hour	216
C9000	Na chromateCr51, per 0.25mCi	914
C9003	Palivizumab, per 50 mg	1,342
C9007	Baclofen Intrathecal kit-1am	281
C9008	Baclofen Refill Kit-500mcg	79
C9009	Baclofen Refill Kit-2000mcg	1,648

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2006-07

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
C9010	Baclofen Refill Kit--4000mcg	142
C9019	Caspofungin acetate, 5 mg	971
C9020	Sirolimus tablet, 1 mg	13
C9100	Iodinated I-131 Albumin	867
C9102	51 Na Chromate, 50mCi	763
C9103	Na lothalamate I-125, 10 uCi	43
C9105	Hep B imm glob, per 1 ml	863
C9112	Perflutren lipid micro, 2ml	717
C9113	Inj pantoprazole sodium, via	106
C9115	Inj, zoledronic acid, 2 mg	2,516
C9116	Ertapenem sodium, per 1 gm	171
C9124	Injection, daptomycin	1
C9201	Dermagraft, per 37.5 sq cm	2,547
C9202	Octafluoropropane	426
C9203	Perflexane lipid micro	897
C9205	Oxaliplatin	410
C9207	Injection, bortezomib	5,054
C9208	Injection, agalsidase beta	279
C9210	Injection, palonosetron HCl	1,082
C9213	Injection, pemetrexed	150
C9214	Injection, bevacizumab	335
C9215	Injection, cetuximab	293
C9217	Injection, omalizumab	38
C9218	Injection, azacitidine	13
C9400	Thallous chloride, brand	38
C9402	Th I131 so iodide cap, brand	66
C9403	Dx I131 so iodide cap, brand	21
C9413	Sodium hyaluronate inj, bran	309
C9420	Cyclophosphamide inj, brand	25
C9425	Etoposide inj, brand	71
C9431	Paclitaxel inj, brand	902
C9438	Cyclosporine oral, brand	9
C9503	Fresh frozen plasma, ea unit	289
C9701	Stretta System	3,156
D0150	Comprehensve oral evaluation	265
D0240	Intraoral occlusal film	265
D0250	Extraoral first film	265
D0260	Extraoral ea additional film	265
D0270	Dental bitewing single film	265
D0272	Dental bitewings two films	265
D0274	Dental bitewings four films	265
D0277	Vert bitewings-sev to eight	265
D0460	Pulp vitality test	265
D0472	Gross exam, prep & report	265
D0473	Micro exam, prep & report	265
D0474	Micro w exam of surg margins	265

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
D0480	Cytopath smear prep & report	265
D0501	Histopathologic examinations	265
D0502	Other oral pathology procedu	265
D0999	Unspecified diagnostic proce	265
D1510	Space maintainer fxd unilat	265
D1515	Fixed bilat space maintainer	265
D1520	Remove unilat space maintain	265
D1525	Remove bilat space maintain	265
D1550	Recement space maintainer	265
D2110	Amalgam one surface primary	265
D2970	Temporary- fractured tooth	265
D2999	Dental unspec restorative pr	265
D3460	Endodontic endosseous implan	265
D3999	Endodontic procedure	265
D4260	Osseous surgery per quadrant	265
D4263	Bone replce graft first site	265
D4264	Bone replce graft each add	265
D4268	Surgical revision procedure	265
D4270	Pedicle soft tissue graft pr	265
D4271	Free soft tissue graft proc	265
D4273	Subepithelial tissue graft	265
D4355	Full mouth debridement	265
D4381	Localized delivery antimicro	265
D5911	Facial moulage sectional	265
D5912	Facial moulage complete	265
D5983	Radiation applicator	265
D5984	Radiation shield	265
D5985	Radiation cone locator	265
D5987	Commissure splint	265
D6930	Dental recement bridge	265
D7110	Oral surgery single tooth	265
D7120	Each add tooth extraction	265
D7130	Tooth root removal	265
D7140	Extraction, erupted tooth or exposed root	826
D7210	Rem imp tooth w mucoper flp	265
D7220	Impact tooth remov soft tiss	265
D7230	Impact tooth remov part bony	265
D7240	Impact tooth remov comp bony	265
D7241	Impact tooth rem bony w/comp	265
D7250	Tooth root removal	265
D7260	Oral antral fistula closure	265
D7310	Alveoplasty w/ extraction	265
D7940	Reshaping bone orthognathic	265
D9630	Other drugs/medicaments	265
D9930	Treatment of complications	265
D9940	Dental occlusal guard	265

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
D9950	Occlusion analysis	265
D9951	Limited occlusal adjustment	265
D9952	Complete occlusal adjustment	265
E0100	Cane adjust/fixed with tip	30
E0105	Cane adjust/fixed quad/3 pro	69
E0110	Crutch forearm pair	109
E0111	Crutch forearm each	75
E0112	Crutch underarm pair wood	52
E0113	Crutch underarm each wood	30
E0114	Crutch underarm pair no wood	66
E0116	Crutch underarm each no wood	39
E0117	Underarm springassist crutch	270
E0118	Crutch substitute	119
E0130	Walker rigid adjust/fixed ht	98
E0135	Walker folding adjust/fixed	117
E0140	Walker w trunk support	505
E0141	Rigid wheeled walker adj/fix	161
E0142	Walker rigid wheeled with se	270
E0143	Walker folding wheeled w/o s	168
E0144	Enclosed walker w rear seat	446
E0145	Walker whled seat/crutch att	33
E0146	Folding walker wheels w seat	30
E0147	Walker variable wheel resist	805
E0148	Heavyduty walker no wheels	178
E0149	Heavy duty wheeled walker	312
E0153	Forearm crutch platform atta	97
E0154	Walker platform attachment	99
E0155	Walker wheel attachment,pair	44
E0156	Walker seat attachment	37
E0157	Walker crutch attachment	115
E0158	Walker leg extenders set of4	45
E0159	Brake for wheeled walker	25
E0160	Sitz type bath or equipment	46
E0161	Sitz bath/equipment w/faucet	37
E0162	Sitz bath chair	204
E0163	Commode chair stationry fxd	154
E0164	Commode chair mobile fixed a	254
E0165	Commode chair stationry det	26
E0166	Commode chair mobile detach	44
E0167	Commode chair pail or pan	17
E0168	Heavyduty/wide commode chair	211
E0169	Seatlift incorp commodechair	79
E0170	Commode chair electric	225
E0171	Commode chair non-electric	40
E0175	Commode chair foot rest	93
E0176	Air pressre pad/cushion nonp	168

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
E0177	Water press pad/cushion nonp	167
E0178	Gel pressre pad/cushion nonp	191
E0179	Dry pressre pad/cushion nonp	19
E0180	Press pad alternating w pump	30
E0181	Press pad alternating w/ pum	34
E0182	Pressure pad alternating pum	37
E0184	Dry pressure mattress	273
E0185	Gel pressure mattress pad	448
E0186	Air pressure mattress	28
E0187	Water pressure mattress	32
E0188	Synthetic sheepskin pad	37
E0189	Lambswool sheepskin pad	73
E0190	Positioning cushion	56
E0191	Protector heel or elbow	14
E0192	Pad wheelchr low press/posit	607
E0193	Powered air flotation bed	1,265
E0194	Air fluidized bed	4,556
E0196	Gel pressure mattress	45
E0197	Air pressure pad for mattres	310
E0198	Water pressure pad for mattre	310
E0199	Dry pressure pad for mattres	45
E0200	Heat lamp without stand	111
E0202	Phototherapy light w/ photom	88
E0205	Heat lamp with stand	272
E0210	Electric heat pad standard	46
E0215	Electric heat pad moist	99
E0217	Water circ heat pad w pump	695
E0218	Water circ cold pad w pump	764
E0220	Hot water bottle	12
E0221	Infrared heating pad system	3,314
E0225	Hydrocollator unit	544
E0230	Ice cap or collar	12
E0235	Paraffin bath unit portable	24
E0236	Pump for water circulating p	62
E0238	Heat pad non-electric moist	38
E0239	Hydrocollator unit portable	630
E0240	Bath/shower chair	70
E0241	Bath tub wall rail	48
E0242	Bath tub rail floor	120
E0243	Toilet rail	70
E0244	Toilet seat raised	78
E0245	Tub stool or bench	118
E0246	Transfer tub rail attachment	69
E0247	Trans bench w/wo comm open	112
E0248	HDtrans bench w/wo comm open	272
E0249	Pad water circulating heat u	139

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
E0250	Hosp bed fixed ht w/ mattres	137
E0251	Hosp bed fixd ht w/o mattres	104
E0255	Hospital bed var ht w/ mattr	164
E0256	Hospital bed var ht w/o matt	117
E0260	Hosp bed semi-electr w/ matt	263
E0261	Hosp bed semi-electr w/o mat	192
E0265	Hosp bed total electr w/ mat	280
E0266	Hosp bed total elec w/o matt	249
E0271	Mattress innerspring	311
E0272	Mattress foam rubber	283
E0273	Bed board	58
E0274	Over-bed table	35
E0275	Bed pan standard	21
E0276	Bed pan fracture	19
E0277	Powered pres-redu air mattrs	1,190
E0280	Bed cradle	53
E0290	Hosp bed fx ht w/o rails w/m	105
E0291	Hosp bed fx ht w/o rail w/o	76
E0292	Hosp bed var ht w/o rail w/o	118
E0293	Hosp bed var ht w/o rail w/	100
E0294	Hosp bed semi-elect w/ mattr	183
E0295	Hosp bed semi-elect w/o matt	178
E0296	Hosp bed total elect w/ matt	230
E0297	Hosp bed total elect w/o mat	197
E0300	Enclosed ped crib hosp grade	3,974
E0301	HD hosp bed, 350-600 lbs	379
E0302	Ex hd hosp bed > 600 lbs	1,002
E0303	Hosp bed hvy dty xtra wide	426
E0304	Hosp bed xtra hvy dty x wide	1,079
E0305	Rails bed side half length	25
E0310	Rails bed side full length	272
E0316	Bed safety enclosure	296
E0325	Urinal male jug-type	14
E0326	Urinal female jug-type	15
E0352	Disposable pack w/bowel syst	72
E0371	Nonpower mattress overlay	622
E0372	Powered air mattress overlay	755
E0373	Nonpowered pressure mattress	860
E0424	Stationary compressed gas O2	359
E0425	Gas system stationary compre	7,196
E0430	Oxygen system gas portable	3,258
E0431	Portable gaseous O2	56
E0434	Portable liquid O2	56
E0435	Oxygen system liquid portabl	2,240
E0439	Stationary liquid O2	359
E0440	Oxygen system liquid station	4,550

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
E0441	Oxygen contents, gaseous	228
E0442	Oxygen contents, liquid	228
E0443	Portable O2 contents, gas	30
E0444	Portable O2 contents, liquid	30
E0445	Oximeter non-invasive	501
E0450	Vol control vent invasiv int	1,336
E0454	Pressure ventilator	2,195
E0457	Chest shell	860
E0459	Chest wrap	71
E0460	Neg press vent portabl/statn	1,027
E0461	Vol control vent noninv int	1,403
E0462	Rocking bed w/ or w/o side r	408
E0463	Press supp vent invasive int	1,969
E0464	Press supp vent noninv int	1,969
E0470	RAD w/o backup non-inv intfc	359
E0471	RAD w/backup non inv intrfc	899
E0472	RAD w backup invasive intrfc	899
E0480	Percussor elect/pneum home m	62
E0481	Intrpulmnry percuss vent sys	1,968
E0482	Cough stimulating device	602
E0483	Chest compression gen system	1,488
E0484	Non-elec oscillatory pep dvc	52
E0500	Ippb all types	154
E0550	Humidif extens suppl w ippb	70
E0555	Humidifier for use w/ regula	11
E0560	Humidifier supplemental w/ i	240
E0561	Humidifier nonheated w PAP	150
E0562	Humidifier heated used w PAP	422
E0565	Compressor air power source	85
E0570	Nebulizer with compression	31
E0571	Aerosol compressor for svneb	42
E0572	Aerosol compressor adjust pr	53
E0574	Ultrasonic generator w svneb	56
E0575	Nebulizer ultrasonic	144
E0580	Nebulizer for use w/ regulat	188
E0585	Nebulizer w/ compressor & he	49
E0590	Dispensing fee dme neb drug	10
E0600	Suction pump portab hom modl	64
E0601	Cont airway pressure device	156
E0602	Manual breast pump	41
E0603	Electric breast pump	63
E0604	Hosp grade elec breast pump	82
E0605	Vaporizer room type	37
E0606	Drainage board postural	32
E0607	Blood glucose monitor home	124
E0608	Apnea monitor	406

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
E0610	Pacemaker monitr audible/vis	333
E0615	Pacemaker monitr digital/vis	670
E0617	Automatic ext defibrillator	426
E0618	Apnea monitor	392
E0619	Apnea monitor w recorder	501
E0620	Cap bld skin piercing laser	1,224
E0621	Patient lift sling or seat	134
E0627	Seat lift incorp lift-chair	472
E0628	Seat lift for pt furn-electr	472
E0629	Seat lift for pt furn-non-el	463
E0630	Patient lift hydraulic	143
E0635	Patient lift electric	171
E0636	PT support & positioning sys	1,476
E0637	Combination sit to stand sys	3,300
E0638	Standing frame sys	1,338
E0650	Pneuma compresor non-segment	1,008
E0651	Pneum compressor segmental	1,286
E0652	Pneum compres w/cal pressure	7,422
E0655	Pneumatic appliance half arm	151
E0660	Pneumatic appliance full leg	224
E0665	Pneumatic appliance full arm	192
E0666	Pneumatic appliance half leg	193
E0667	Seg pneumatic appl full leg	453
E0668	Seg pneumatic appl full arm	619
E0669	Seg pneumatic appli half leg	257
E0671	Pressure pneum appl full leg	581
E0672	Pressure pneum appl full arm	452
E0673	Pressure pneum appl half leg	375
E0675	Pneumatic compression device	538
E0690	Ultraviolet cabinet	1,977
E0691	Uvl pnl 2 sq ft or less	1,258
E0692	Uvl sys panel 4 ft	1,580
E0693	Uvl sys panel 6 ft	1,947
E0694	Uvl md cabinet sys 6 ft	6,198
E0700	Safety equipment	75
E0701	Helmet w face guard prefab	215
E0710	Restraints any type	45
E0720	Tens two lead	515
E0730	Tens four lead	519
E0731	Conductive garment for tens/	499
E0740	Incontinence treatment systm	732
E0744	Neuromuscular stim for scoli	128
E0745	Neuromuscular stim for shock	125
E0746	Electromyograph biofeedback	24
E0747	Elec osteogen stim not spine	5,338
E0748	Elec osteogen stim spinal	5,304

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
E0749	Elec osteogen stim implanted	388
E0752	Neurostimulator electrode	700
E0754	Pulsegenerator pt programmer	1,809
E0756	Implantable pulse generator	12,716
E0757	Implantable RF receiver	9,086
E0758	External RF transmitter	7,997
E0759	Replace rdfrequency transmitt	1,142
E0760	Osteogen ultrasound stimltor	4,407
E0761	Nontherm electromgntc device	35
E0764	Functional neuromuscularstim	15,086
E0765	Nerve stimulator for tx n&v	118
E0776	Iv pole	200
E0779	Amb infusion pump mechanical	23
E0780	Mech amb infusion pump <8hrs	15
E0781	External ambulatory infus pu	371
E0782	Non-programble infusion pump	5,853
E0783	Programmable infusion pump	11,160
E0784	Ext amb infusn pump insulin	585
E0785	Replacement impl pump cathet	644
E0786	Implantable pump replacement	10,886
E0791	Parenteral infusion pump sta	443
E0830	Ambulatory traction device	2,745
E0840	Tract frame attach headboard	103
E0849	Cervical pneum trac equip	721
E0850	Traction stand free standing	147
E0855	Cervical traction equipment	704
E0860	Tract equip cervical tract	54
E0870	Tract frame attach footboard	163
E0880	Trac stand free stand extrem	176
E0890	Traction frame attach pelvic	169
E0900	Trac stand free stand pelvic	179
E0910	Trapeze bar attached to bed	28
E0911	HD trapeze bar attach to bed	70
E0912	HD trapeze bar free standing	160
E0920	Fracture frame attached to b	65
E0930	Fracture frame free standing	64
E0935	Cont pas motion exercise dev	32
E0940	Trapeze bar free standing	49
E0941	Gravity assisted traction de	61
E0942	Cervical head harness/halter	28
E0943	Cervical pillow	44
E0944	Pelvic belt/harness/boot	64
E0945	Belt/harness extremity	62
E0946	Fracture frame dual w cross	83
E0947	Fracture frame attachmnts pe	849
E0948	Fracture frame attachmnts ce	821

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
E0950	Tray	146
E0951	Loop heel	27
E0952	Toe loop/holder, each	26
E0953	Pneumatic tire	102
E0954	Wheelchair semi-pneumatic ca	102
E0955	Cushioned headrest	283
E0956	W/c lateral trunk/hip suppor	138
E0957	W/c medial thigh support	193
E0958	Whlchr att- conv 1 arm drive	61
E0959	Amputee adapter	62
E0960	W/c shoulder harness/straps	127
E0961	Wheelchair brake extension	42
E0962	Wheelchair 1 inch cushion	93
E0963	Wheelchair 2 inch cushion	112
E0964	Wheelchair 3 inch cushion	124
E0965	Wheelchair 4 inch cushion	133
E0966	Wheelchair head rest extensi	100
E0967	Wheelchair hand rims	92
E0968	Wheelchair commode seat	25
E0969	Wheelchair narrowing device	219
E0970	Wheelchair no. 2 footplates	114
E0971	Wheelchair anti-tipping devi	61
E0972	Transfer board or device	87
E0973	W/Ch access det adj armrest	161
E0974	W/Ch access anti-rollback	110
E0975	Wheelchair reinforced seat u	120
E0976	Wheelchair reinforced back u	103
E0977	Wheelchair wedge cushion	92
E0978	W/C acc,saf belt pelv strap	60
E0979	Wheelchair belt with velcro	80
E0980	Wheelchair safety vest	46
E0981	Seat upholstery, replacement	66
E0982	Back upholstery, replacement	72
E0983	Add pwr joystick	350
E0984	Add pwr tiller	2,675
E0985	W/c seat lift mechanism	284
E0986	Man w/c push-rim pow assist	6,810
E0990	Whellchair elevating leg res	164
E0991	Wheelchair upholstery seat	108
E0992	Wheelchair solid seat insert	133
E0993	Wheelchair back upholstery	102
E0994	Wheelchair arm rest	25
E0995	Wheelchair calf rest	43
E0996	Wheelchair tire solid	68
E0997	Wheelchair caster w/ a fork	93
E0998	Wheelchair caster w/o a fork	54

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
E0999	Wheelchr pneumatic tire w/wh	161
E1000	Wheelchair tire pneumatic ca	85
E1001	Wheelchair wheel	154
E1002	Pwr seat tilt	5,758
E1003	Pwr seat recline	6,148
E1004	Pwr seat recline mech	6,817
E1005	Pwr seat recline pwr	7,379
E1006	Pwr seat combo w/o shear	9,038
E1007	Pwr seat combo w/shear	12,238
E1008	Pwr seat combo pwr shear	12,239
E1010	Add pwr leg elevation	1,601
E1012	Int seat sys planar ped w/c	795
E1013	Int seat sys contour ped w/c	1,313
E1014	Reclining back add ped w/c	511
E1015	Shock absorber for man w/c	161
E1016	Shock absorber for power w/c	184
E1019	HD feature power seat	701
E1020	Residual limb support system	341
E1021	Ex hd feature power seat	508
E1025	Pedwc lat/thor sup nocontour	197
E1026	Pedwc contoured lat/thor sup	302
E1027	Ped wc lat/ant support	432
E1028	W/c manual swingaway	289
E1029	W/c vent tray fixed	517
E1030	W/c vent tray gimbaled	1,631
E1031	Rollabout chair with casters	71
E1035	Patient transfer system	858
E1037	Transport chair, ped size	152
E1038	Transport chair pt wt < = 300lb	25
E1039	Transport chair pt wt > 300lb	48
E1050	Wheelchr fxd full length arms	143
E1060	Wheelchair detachable arms	177
E1065	Wheelchair power attachment	4,558
E1066	Wheelchair battery charger	633
E1069	Wheelchair deep cycle batter	220
E1070	Wheelchair detachable foot r	153
E1083	Hemi-wheelchair fixed arms	110
E1084	Hemi-wheelchair detachable a	137
E1085	Hemi-wheelchair fixed arms	1,765
E1086	Hemi-wheelchair detachable a	169
E1087	Wheelchair lightwt fixed arm	177
E1088	Wheelchair lightweight det a	211
E1089	Wheelchair lightwt fixed arm	2,854
E1090	Wheelchair lightweight det a	273
E1091	Wheelchair youth	124
E1092	Wheelchair wide w/ leg rests	180

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
E1093	Wheelchair wide w/ foot rest	155
E1100	Whchr s-recl fxd arm leg res	145
E1110	Wheelchair semi-recl detach	142
E1130	Whlchr stand fxd arm ft rest	63
E1140	Wheelchair standard detach a	144
E1150	Wheelchair standard w/ leg r	114
E1160	Wheelchair fixed arms	88
E1161	Manual adult wc w tiltinspac	3,313
E1170	Whlchr ampu fxd arm leg rest	125
E1171	Wheelchair amputee w/o leg r	112
E1172	Wheelchair amputee detach ar	137
E1180	Wheelchair amputee w/ foot r	142
E1190	Wheelchair amputee w/ leg re	164
E1195	Wheelchair amputee heavy dut	176
E1200	Wheelchair amputee fixed arm	122
E1210	Whlchr moto ful arm leg rest	645
E1211	Wheelchair motorized w/ det	656
E1212	Wheelchair motorized w full	9,629
E1213	Wheelchair motorized w/ det	592
E1220	Whlchr special size/constrc	6,453
E1221	Wheelchair spec size w foot	67
E1222	Wheelchair spec size w/ leg	95
E1223	Wheelchair spec size w foot	104
E1224	Wheelchair spec size w/ leg	114
E1225	Manual semi-reclining back	63
E1226	Manual fully reclining back	764
E1227	Wheelchair spec sz spec ht a	389
E1228	Wheelchair spec sz spec ht b	39
E1230	Power operated vehicle	3,167
E1232	Folding ped wc tilt-in-space	2,994
E1233	Rig ped wc tltnspc w/o seat	3,102
E1234	Fld ped wc tltnspc w/o seat	2,701
E1235	Rigid ped wc adjustable	2,600
E1236	Folding ped wc adjustable	2,294
E1237	Rgd ped wc adjstabl w/o seat	2,314
E1238	Fld ped wc adjstabl w/o seat	2,702
E1240	Whchr litwt det arm leg rest	144
E1250	Wheelchair lightwt fixed arm	164
E1260	Wheelchair lightwt foot rest	192
E1270	Wheelchair lightweight leg r	111
E1280	Whchr h-duty det arm leg res	184
E1285	Wheelchair heavy duty fixed	2,624
E1290	Wheelchair hvy duty detach a	251
E1295	Wheelchair heavy duty fixed	170
E1296	Wheelchair special seat heig	688
E1297	Wheelchair special seat dept	146

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
E1298	Wheelchair spec seat depth/w	593
E1310	Whirlpool non-portable	3,006
E1340	Repair for DME, per 15 min	26
E1353	Oxygen supplies regulator	4
E1355	Oxygen supplies stand/rack	14
E1372	Oxy suppl heater for nebuliz	228
E1390	Oxygen concentrator	359
E1391	Oxygen concentrator, dual	359
E1405	O2/water vapor enrich w/heat	543
E1406	O2/water vapor enrich w/o he	226
E1500	Centrifuge	1
E1510	Kidney dialysate delivry sys	1,120
E1594	Cycler dialysis machine	854
E1634	Peritoneal dialysis clamp	7
E1700	Jaw motion rehab system	483
E1701	Repl cushions for jaw motion	15
E1702	Repl measr scales jaw motion	32
E1800	Adjust elbow ext/flex device	172
E1801	SPS elbow device	181
E1802	Adjst forearm pro/sup device	458
E1805	Adjust wrist ext/flex device	177
E1806	SPS wrist device	148
E1810	Adjust knee ext/flex device	174
E1811	SPS knee device	188
E1815	Adjust ankle ext/flex device	177
E1816	SPS ankle device	191
E1818	SPS forearm device	195
E1820	Soft interface material	114
E1821	Replacement interface SPSD	147
E1825	Adjust finger ext/flex devc	177
E1830	Adjust toe ext/flex device	177
E1840	Adj shoulder ext/flex device	536
E1841	Static str shldr dev rom adj	634
E2000	Gastric suction pump hme mdl	73
E2100	Bld glucose monitor w voice	900
E2101	Bld glucose monitor w lance	264
E2120	Pulse gen sys tx endolymph fl	397
E2201	Man w/ch acc seat w > = 20" < 24"	522
E2202	Seat width 24-27 in	664
E2203	Frame depth less than 22 in	671
E2204	Frame depth 22 to 25 in	1,139
E2205	Manual wc accessory, handrim	46
E2206	Complete wheel lock assembly	57
E2207	Crutch and cane holder	61
E2208	Cylinder tank carrier	166
E2209	Arm trough each	150

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
E2210	Wheelchair bearings	9
E2211	Pneumatic propulsion tire	57
E2212	Pneumatic prop tire tube	8
E2213	Pneumatic prop tire insert	43
E2214	Pneumatic caster tire each	50
E2215	Pneumatic caster tire tube	13
E2219	Foam caster tire any size ea	59
E2220	Solid propulsion tire each	40
E2221	Solid caster tire each	36
E2222	Solid caster integrated whl	29
E2223	Valve replacement only each	8
E2224	Propulsion whl excludes tire	137
E2225	Caster wheel excludes tire	24
E2226	Caster fork replacement only	53
E2310	Electro connect btw control	1,638
E2311	Electro connect btw 2 sys	3,317
E2320	Hand chin control	1,436
E2321	Hand interface joystick	2,225
E2322	Mult mech switches	1,975
E2323	Special joystick handle	97
E2324	Chin cup interface	61
E2325	Sip and puff interface	1,886
E2326	Breath tube kit	486
E2327	Head control interface mech	3,657
E2328	Head/extremity control inter	6,937
E2329	Head control nonproportional	2,473
E2330	Head control proximity switc	4,791
E2340	W/c width 20-23 in seat frame	502
E2341	W/c width 24-27 in seat frame	753
E2342	W/c dpth 20-21 in seat frame	627
E2343	W/c dpth 22-25 in seat frame	1,003
E2351	Electronic SGD interface	978
E2360	22nf nonsealed leadacid	157
E2361	22nf sealed leadacid battery	195
E2362	Gr24 nonsealed leadacid	129
E2363	Gr24 sealed leadacid battery	260
E2364	U1nonsealed leadacid battery	157
E2365	U1 sealed leadacid battery	157
E2366	Battery charger, single mode	369
E2367	Battery charger, dual mode	587
E2368	Power wc motor replacement	723
E2369	Pwr wc gear box replacement	630
E2370	Pwr wc motor/gear box combo	1,124
E2371	Gr27 sealed leadacid battery	211
E2402	Neg press wound therapy pump	2,403
E2500	SGD digitized pre-rec < = 8min	547

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
E2502	SGD prerec msg >8min <= 20min	1,674
E2504	SGD prerec msg > 20min <= 40min	2,208
E2506	SGD prerec msg > 40 min	3,238
E2508	SGD spelling phys contact	5,007
E2510	SGD w multi methods msg/accs	9,476
E2599	SGD accessory noc	139
E2601	Gen w/c cushion width < 22 in	124
E2602	Gen w/c cushion width >= 22 in	227
E2603	Skin protect wc cus wd < 22in	312
E2604	Skin protect wc cus wd >= 22in	442
E2605	Position wc cush width < 22 in	450
E2606	Position wc cush width >= 22 in	611
E2607	Skin pro/pos wc cus wd < 22in	414
E2608	Skin pro/pos wc cus wd >= 22in	496
E2611	Gen use back cush width < 22in	437
E2612	Gen use back cush width >= 22in	592
E2613	Position back cush wd < 22in	550
E2614	Position back cush wd >= 22in	761
E2615	Pos back post/lat width < 22in	633
E2616	Pos back post/lat width >= 22in	852
E2618	Wc acc solid seat supp base	215
E2619	Replace cover w/c seat cush	72
E2620	WC planar back cush wd < 22in	805
E2621	WC planar back cush wd >= 22in	767
G0001	Drawing blood for specimen	5
G0002	Temporary urinary catheter	123
G0004	ECG transm phys review & int	745
G0005	ECG 24 hour recording	125
G0006	ECG transmission & analysis	100
G0007	ECG phy review & interpret	157
G0008	Admin influenza virus vac	29
G0009	Admin pneumococcal vaccine	29
G0010	Admin hepatitis b vaccine	29
G0015	Post symptom ECG tracing	302
G0025	Collagen skin test kit	84
G0026	Fecal leukocyte examination	31
G0027	Semen analysis	13
G0030	PET imaging prev PET single	134
G0031	PET imaging prev PET multiple	168
G0032	PET follow SPECT 78464 singl	132
G0033	PET follow SPECT 78464 mult	169
G0034	PET follow SPECT 76865 singl	134
G0035	PET follow SPECT 78465 mult	168
G0036	PET follow cornry angio sing	133
G0037	PET follow cornry angio mult	167
G0038	PET follow myocard perf sing	130

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
G0039	PET follow myocard perf mult	167
G0040	PET follow stress echo singl	135
G0041	PET follow stress echo mult	168
G0042	PET follow ventriculogm sing	137
G0043	PET follow ventriculogm mult	169
G0044	PET following rest ECG singl	135
G0045	PET following rest ECG mult	168
G0046	PET follow stress ECG singl	135
G0047	PET follow stress ECG mult	168
G0050	Residual urine by ultrasound	157
G0101	CA screen;pelvic/breast exam	36
G0102	Prostate ca screening; dre	14
G0103	Psa, total screening	37
G0104	CA screen;flexi sigmoidscope	88
G0105	Colorectal scrn; hi risk ind	309
G0106	Colon CA screen;barium enema	220
G0107	CA screen; fecal blood test	7
G0108	Diab manage trn per indiv	51
G0109	Diab manage trn ind/group	30
G0110	Nett pulm-rehab educ; ind	78
G0111	Nett pulm-rehab educ; group	26
G0112	Nett;nutrition guid, initial	154
G0113	Nett;nutrition guid,subseqnt	110
G0114	Nett; psychosocial consult	102
G0115	Nett; psychological testing	102
G0116	Nett; psychosocial counsel	94
G0117	Glaucoma scrn hgh risk direc	37
G0118	Glaucoma scrn hgh risk direc	14
G0120	Colon ca scrn; barium enema	220
G0121	Colon ca scrn not hi rsk ind	309
G0122	Colon ca scrn; barium enema	677
G0123	Screen cerv/vag thin layer	41
G0124	Screen c/v thin layer by MD	33
G0125	PET image pulmonary nodule	130
G0127	Trim nail(s)	14
G0128	CORF skilled nursing service	7
G0129	Partial hosp prog service	188
G0130	Single energy x-ray study	69
G0131	CT scan, bone density study	342
G0132	CT scan, bone density study	188
G0141	Scr c/v cyto,autosys and md	33
G0143	Scr c/v cyto,thinlayer,rescr	41
G0144	Scr c/v cyto,thinlayer,rescr	43
G0145	Scr c/v cyto,thinlayer,rescr	54
G0147	Scr c/v cyto, automated sys	23
G0148	Scr c/v cyto, autosys, rescr	31

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
G0151	HHCP-serv of pt,ea 15 min	204
G0152	HHCP-serv of ot,ea 15 min	157
G0153	HHCP-svs of s/l path,ea 15mn	173
G0154	HHCP-svs of rn,ea 15 min	176
G0155	HHCP-svs of csw,ea 15 min	51
G0156	HHCP-svs of aide,ea 15 min	6
G0166	Extrnl counterpulse, per tx	6
G0167	Hyperbaric oz tx;no md reqrd	51
G0168	Wound closure by adhesive	40
G0173	Linear acc stereo radsur com	1,435
G0175	OPPS Service,sched team conf	290
G0176	OPPS/PHP;activity therapy	157
G0177	OPPS/PHP; train & educ serv	157
G0179	MD recertification HHA PT	89
G0180	MD certification HHA patient	116
G0181	Home health care supervision	190
G0182	Hospice care supervision	201
G0185	Transpupillary thermotx	1,136
G0186	Dstry eye lesn,fdr vssl tech	1,170
G0187	Dstry mclr drusen,photocoag	5,937
G0195	Clinicalevalswallowingfunct	276
G0196	Evalofswallowingwithradioopa	275
G0197	Evalofptforprescipspeechdevi	250
G0198	Patientadapation&trainforspe	153
G0199	Reevaluationofpatientusespec	212
G0200	Evalofpatientprescipofvoicep	250
G0201	Modifortraininginusevoicepro	176
G0202	Screeningmammographydigital	214
G0204	Diagnosticmammographydigital	225
G0206	Diagnosticmammographydigital	182
G0210	PET img wholebody dxlung	129
G0211	PET img wholbody init lung	129
G0212	PET img wholebod restag lung	129
G0213	PET img wholbody dx	129
G0214	PET img wholebod init	129
G0215	PETimg wholebod restag	129
G0216	PET img wholebod dx melanoma	129
G0217	PET img wholebod init melan	129
G0218	PET img wholebod restag mela	130
G0220	PET img wholebod dx lymphoma	129
G0221	PET imag wholbod init lympho	129
G0222	PET imag wholbod resta lymph	130
G0223	PET imag wholbod reg dx head	129
G0224	PET imag wholbod reg ini hea	129
G0225	PET whol restag headneckonly	130
G0226	PET img wholbody dx esophagl	130

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
G0227	PET img wholbod ini esophage	130
G0228	PET img wholbod restg esopha	129
G0229	PET img metaboloc brain pres	129
G0230	PET myocard viability post	130
G0231	PET WhBD colorec; gamma cam	129
G0232	PET whbd lymphoma; gamma cam	130
G0233	PET whbd melanoma; gamma cam	130
G0234	PET WhBD pulm nod; gamma cam	130
G0236	Digital film convert diag ma	43
G0237	Therapeutic procd strg endur	30
G0238	Oth resp proc, indiv	31
G0239	Oth resp proc, group	21
G0240	Critic care by MD transport	399
G0241	Each additional 30 minutes	199
G0242	Multisource photon ster plan	11,760
G0244	Observ care by facility topt	50
G0245	Initial foot exam pt lops	70
G0246	Followup eval of foot pt lop	36
G0247	Routine footcare pt w lops	42
G0248	Demonstrate use home inr mon	407
G0249	Provide test material,equipm	244
G0250	MD review interpret of test	14
G0252	PET imaging initial dx	146
G0253	PET image brst dection recur	167
G0254	PET image brst eval to tx	167
G0257	Unsched dialysis ESRD pt hos	1,240
G0260	Inj for sacroiliac jt anesth	897
G0262	Sm intestinal image capsule	1,365
G0264	Assmt otr CHF, CP, asthma	85
G0265	Cryopresevation Freeze + stora	20
G0266	Thawing + expansion froz cel	20
G0268	Removal of impacted wax md	49
G0269	Occlusive device in vein art	462
G0270	MNT subs tx for change dx	29
G0271	Group MNT 2 or more 30 mins	12
G0272	Naso/oro gastric tube pl MD	30
G0273	Pretx planning, non-Hodgkins	819
G0274	Radiopharm tx, non-Hodgkins	366
G0275	Renal angio, cardiac cath	20
G0278	Iliac art angio,cardiac cath	20
G0279	Excorp shock tx, elbow epi	105
G0280	Excorp shock tx other than	105
G0281	Elec stim unattend for press	17
G0282	Elect stim wound care not pd	28
G0283	Elec stim other than wound	17
G0288	Recon, CTA for surg plan	662

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
G0289	Arthro, loose body + chondro	144
G0290	Drug-eluting stents, single	11,613
G0296	PET imge restag thyrod cance	167
G0306	CBC/diffwbc w/o platelet	16
G0307	CBC without platelet	13
G0308	ESRD related svc 4 + mo < 2yrs	1,250
G0309	ESRD related svc 2-3mo <2yrs	1,041
G0310	ESRD related svc 1 vst <2yrs	833
G0311	ESRD related svs 4 + mo 2-11yr	845
G0312	ESRD relate svs 2-3 mo 2-11y	704
G0313	ESRD related svs 1 mon 2-11y	563
G0314	ESRD related svs 4 + mo 12-19	743
G0315	ESRD related svs 2-3mo/12-19	618
G0316	ESRD related svs 1vis/12-19y	494
G0317	ESRD related svs 4 + mo 20 + yrs	466
G0318	ESRD related svs 2-3 mo 20 + y	388
G0319	ESRD related svs 1visit 20 + y	310
G0320	ESD related svs home undr 2	1,041
G0321	ESRDrelatedsvs home mo 2-11y	704
G0322	ESRD related svs hom mo12-19	618
G0323	ESRD related svs home mo 20 +	388
G0324	ESRD relate svs home/dy <2yr	35
G0325	ESRD relate home/day/ 2-11yr	21
G0326	ESRD relate home/dy 12-19yr	23
G0327	ESRD relate home/dy 20 + yrs	13
G0328	Fecal blood scrn immunoassay	32
G0329	Electromagntic tx for ulcers	5
G0332	Preadmin IV immunoglobulin	117
G0338	Linear accelerator stero pln	5,459
G0340	Robt lin-radsurg fractx 2-5	12,059
G0341	Percutaneous islet celltrans	569
G0342	Laparoscopy islet cell trans	1,058
G0343	Laparotomy islet cell transp	1,739
G0344	Initial preventive exam	109
G0345	IV infuse hydration, initial	189
G0346	Each additional infuse hour	63
G0347	IV infusion therapy/diagnost	210
G0348	Each additional hr up to 8hr	94
G0349	Additional sequential infuse	139
G0350	Concurrent infusion	77
G0351	Therapeutic/diagnostic injec	42
G0353	IV push,single orinitial dru	111
G0354	Each addition sequential IV	74
G0355	Chemo adminisrate subcut/IM	106
G0356	Hormonal anti-neoplastic	99
G0357	IV push single/initial subst	280

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
G0358	IV push each additional drug	239
G0359	Chemotherapy IV one hr initi	419
G0360	Each additional hr 1-8 hrs	140
G0361	Prolong chemo infuse > 8hrs pu	455
G0362	Each add sequential infusion	232
G0363	Irrigate implanted venous de	77
G0364	Bone marrow aspirate & biopsy	15
G0365	Vessel mapping hemo access	272
G0366	EKG for initial prevent exam	42
G0367	EKG tracing for initial prev	29
G0368	EKG interpret & report preve	14
G0372	MD service required for PMD	14
G0375	Smoke/tobacco counselng 3-10	19
G0376	Smoke/tobacco counseling > 10	37
G0378	Hospital observation service, per hour	617
G9002	MCCD, maintenance rate	95
G9008	Mccd, phys coor-care ovrsght	140
G9012	Other Specified Case Mgmt	48
G9016	Demo-smoking cessation coun	50
G9021	Chemo assess nausea vomit L1	98
G9022	Chemo assess nausea vomit L2	70
G9025	Chemo assessment pain level1	91
G9026	Chemo assessment pain level2	77
G9027	Chemo assessment pain level3	77
G9029	Chemo assess for fatigue L1	105
G9030	Chemo assess for fatigue L2	91
G9031	Chemo assess for fatigue L3	71
G9032	Chemo assess for fatigue L4	84
G9041	Low vision rehab occupationa	85
G9042	Low vision rehab orient/mobi	48
G9043	Low vision lowvision therapi	48
G9044	Low vision rehabilitate teache	40
H0001	Alcohol and/or drug assess	175
H0002	Alcohol and/or drug screenin	266
H0004	Alcohol and/or drug services	125
H0005	Alcohol and/or drug services	102
H0011	Alcohol and/or drug services	407
H0014	Alcohol and/or drug services	238
H0015	Alcohol and/or drug services	282
H0017	Alcohol and/or drug services	322
H0018	Alcohol and/or drug services	316
H0019	Alcohol and/or drug services	292
H0020	Alcohol and/or drug services	18
H0022	Alcohol and/or drug interven	168
H0024	Alcohol and/or drug preventi	26
H0025	Alcohol and/or drug preventi	3

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
H0031	MH health assess by non-md	80
H0032	MH svc plan dev by non-md	98
H0033	Oral med adm direct observe	140
H0035	MH partial hosp tx under 24h	557
H0036	Comm psy face-face per 15min	39
H0039	Asser com tx face-face/15min	27
H0040	Assert comm tx pgm per diem	140
H0046	Mental health service, nos	1
H1000	Prenatal care atrisk assessm	27
H1001	Antepartum management	166
H1002	Carecoordination prenatal	70
H1003	Prenatal at risk education	161
H1004	Follow up home visit/prental	11
H2000	Comp multidisipln evaluation	154
H2010	Comprehensive med svc 15 min	42
H2011	Crisis interven svc, 15 min	95
H2012	Behav hlth day treat, per hr	112
H2014	Skills train and dev, 15 min	23
H2015	Comp comm supp svc, 15 min	25
H2016	Comp comm supp svc, per diem	17
H2017	Psysoc rehab svc, per 15 min	14
H2019	Ther behav svc, per 15 min	10
H2020	Ther behav svc, per diem	105
H2021	Com wrap-around sv, 15 min	7
H2022	Com wrap-around sv, per diem	25
H2025	Supp maint employ, 15 min	169
H2035	A/D tx program, per hour	112
H2036	A/D tx program, per diem	207
J0120	Tetracyclin injection	1
J0128	Abarelix injection	5
J0130	Abciximab injection	718
J0150	Injection adenosine 6 MG	38
J0151	Adenosine injection	334
J0152	Adenosine injection	186
J0170	Adrenalin epinephrin inject	2
J0180	Agalsidase beta injection	200
J0190	Inj biperiden lactate/5 mg	4
J0200	Alatrofloxacin mesylate	25
J0205	Alglucerase injection	53
J0207	Amifostine	490
J0210	Methyldopate hcl injection	13
J0215	Alefacept	70
J0256	Alpha 1 proteinase inhibitor	3
J0270	Alprostadil for injection	8
J0275	Alprostadil urethral suppos	50
J0280	Aminophyllin 250 MG inj	2

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
J0282	Amiodarone HCl	125
J0285	Amphotericin B	22
J0286	Amphotericin B lipid complex	307
J0287	Amphotericin b lipid complex	47
J0289	Amphotericin b liposome inj	110
J0290	Ampicillin 500 MG inj	3
J0295	Ampicillin sodium per 1.5 gm	10
J0300	Amobarbital 125 MG inj	3
J0330	Succinylcholine chloride inj	0
J0350	Injection anistreplase 30 u	3,742
J0360	Hydralazine hcl injection	13
J0380	Inj metaraminol bitartrate	2
J0390	Chloroquine injection	21
J0395	Arbutamine HCl injection	255
J0456	Azithromycin	33
J0460	Atropine sulfate injection	11
J0470	Dimecaprol injection	44
J0475	Baclofen 10 MG injection	286
J0476	Baclofen intrathecal trial	104
J0500	Dicyclomine injection	20
J0515	Inj benztropine mesylate	5
J0520	Bethanechol chloride inject	7
J0530	Penicillin g benzathine inj	9
J0540	Penicillin g benzathine inj	20
J0550	Penicillin g benzathine inj	39
J0560	Penicillin g benzathine inj	10
J0570	Penicillin g benzathine inj	8
J0580	Penicillin g benzathine inj	41
J0583	Bivalirudin	6
J0585	Botulinum toxin a per unit	6
J0587	Botulinum toxin type B	20
J0592	Buprenorphine hydrochloride	5
J0595	Butorphanol tartrate 1 mg	20
J0600	Edetate calcium disodium inj	46
J0610	Calcium gluconate injection	2
J0620	Calcium glycer & lact/10 ML	5
J0630	Calcitonin salmon injection	42
J0635	Calcitriol injection	24
J0636	Inj calcitriol per 0.1 mcg	89
J0637	Caspofungin acetate	103
J0640	Leucovorin calcium injection	25
J0670	Inj mepivacaine HCL/10 ml	3
J0690	Cefazolin sodium injection	2
J0692	Cefepime HCl for injection	35
J0694	Cefoxitin sodium injection	13
J0696	Ceftriaxone sodium injection	20

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
J0697	Sterile cefuroxime injection	9
J0698	Cefotaxime sodium injection	14
J0702	Betamethasone acet&sod phosp	5
J0704	Betamethasone sod phosp/4 MG	5
J0706	Caffeine citrate injection	10
J0710	Cephapirin sodium injection	2
J0713	Inj ceftazidime per 500 mg	9
J0715	Ceftizoxime sodium / 500 MG	9
J0720	Chloramphenicol sodium injec	6
J0725	Chorionic gonadotropin/1000u	10
J0735	Clonidine hydrochloride	75
J0740	Cidofovir injection	1,013
J0743	Cilastatin sodium injection	19
J0744	Ciprofloxacin iv	40
J0745	Inj codeine phosphate /30 MG	1
J0760	Colchicine injection	7
J0770	Colistimethate sodium inj	47
J0780	Prochlorperazine injection	11
J0800	Corticotropin injection	41
J0835	Inj cosyntropin per 0.25 MG	17
J0850	Cytomegalovirus imm IV /vial	519
J0878	Daptomycin injection	0
J0880	Darbepoetin alfa injection	79
J0882	Darbepoetin alfa, esrd use	4
J0886	Epoetin alfa, esrd	13
J0895	Deferoxamine mesylate inj	15
J0900	Testosterone enanthate inj	2
J0945	Brompheniramine maleate inj	3
J0970	Estradiol valerate injection	5
J1000	Depo-estradiol cypionate inj	1
J1020	Methylprednisolone 20 MG inj	1
J1030	Methylprednisolone 40 MG inj	7
J1040	Methylprednisolone 80 MG inj	9
J1050	Medroxyprogesterone inj	63
J1051	Medroxyprogesterone inj	21
J1055	Medroxyprogester acetate inj	103
J1056	MA/EC contraceptive injection	55
J1060	Testosterone cypionate 1 ML	1
J1070	Testosterone cypionate 100 MG	16
J1080	Testosterone cypionate 200 MG	31
J1094	Inj dexamethasone acetate	1
J1095	Inj dexamethasone acetate	19
J1100	Dexamethasone sodium phos	5
J1110	Inj dihydroergotamine mesylt	17
J1120	Acetazolamid sodium injectio	41
J1160	Digoxin injection	3

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
J1165	Phenytoin sodium injection	2
J1170	Hydromorphone injection	2
J1180	Dyphylline injection	6
J1190	Dexrazoxane HCl injection	211
J1200	Diphenhydramine hcl injectio	1
J1205	Chlorothiazide sodium inj	13
J1212	Dimethyl sulfoxide 50% 50 ML	49
J1230	Methadone injection	1
J1240	Dimenhydrinate injection	4
J1245	Dipyridamole injection	39
J1250	Inj dobutamine HCL/250 mg	16
J1260	Dolasetron mesylate	21
J1270	Injection, doxercalciferol	36
J1320	Amitriptyline injection	3
J1325	Epoprostenol injection	23
J1327	Eptifibatide injection	51
J1330	Ergonovine maleate injection	6
J1335	Ertapenem injection	87
J1364	Erythro lactobionate /500 MG	15
J1380	Estradiol valerate 10 MG inj	19
J1390	Estradiol valerate 20 MG inj	6
J1410	Inj estrogen conjugate 25 MG	94
J1435	Injection estrone per 1 MG	0
J1436	Etidronate disodium inj	85
J1438	Etanercept injection	257
J1440	Filgrastim 300 mcg injection	220
J1441	Filgrastim 480 mcg injection	350
J1450	Fluconazole	117
J1452	Intraocular Fomivirsen na	3,098
J1455	Foscarnet sodium injection	16
J1460	Gamma globulin 1 CC inj	28
J1470	Gamma globulin 2 CC inj	187
J1480	Gamma globulin 3 CC inj	125
J1490	Gamma globulin 4 CC inj	140
J1500	Gamma globulin 5 CC inj	107
J1540	Gamma globulin 9 CC inj	130
J1550	Gamma globulin 10 CC inj	164
J1560	Gamma globulin > 10 CC inj	23
J1561	Immune globulin 500 mg	133
J1563	IV immune globulin	212
J1564	Immune globulin 10 mg	3
J1565	RSV-ivig	1,004
J1570	Ganciclovir sodium injection	47
J1580	Garamycin gentamicin inj	6
J1590	Gatifloxacin injection	4
J1595	Injection glatiramer acetate	1,839

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2006-07

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
J1600	Gold sodium thiomaleate inj	12
J1610	Glucagon hydrochloride/1 MG	41
J1620	Gonadorelin hydroch/ 100 mcg	459
J1626	Granisetron HCl injection	48
J1630	Haloperidol injection	10
J1631	Haloperidol decanoate inj	38
J1642	Inj heparin sodium per 10 u	1
J1644	Inj heparin sodium per 1000u	1
J1645	Dalteparin sodium	19
J1650	Inj enoxaparin sodium	7
J1652	Fondaparinux sodium	13
J1655	Tinzaparin sodium injection	6
J1670	Tetanus immune globulin inj	144
J1700	Hydrocortisone acetate inj	3
J1710	Hydrocortisone sodium ph inj	7
J1720	Hydrocortisone sodium succ i	4
J1730	Diazoxide injection	130
J1742	Ibutilide fumarate injection	309
J1745	Infliximab injection	81
J1750	Iron dextran	28
J1755	Iron sucrose injection	45
J1756	Iron sucrose injection	2
J1785	Injection imiglucerase /unit	5
J1790	Droperidol injection	5
J1800	Propranolol injection	25
J1810	Droperidol/fentanyl inj	12
J1815	Insulin injection	1
J1817	Insulin for insulin pump use	5
J1820	Insulin injection	9
J1825	Interferon beta-1a	423
J1830	Interferon beta-1b / .25 MG	120
J1835	Itraconazole injection	2,860
J1840	Kanamycin sulfate 500 MG inj	4
J1850	Kanamycin sulfate 75 MG inj	4
J1885	Ketorolac tromethamine inj	8
J1890	Cephalothin sodium injection	14
J1910	Kutapressin injection	18
J1931	Laronidase injection	3
J1940	Furosemide injection	1
J1950	Leuprolide acetate /3.75 MG	690
J1955	Inj levocarnitine per 1 gm	48
J1956	Levofloxacin injection	26
J1960	Levorphanol tartrate inj	5
J1980	Hyoscyamine sulfate inj	9
J1990	Chlordiazepoxide injection	35
J2000	Lidocaine injection	1

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
J2001	Lidocaine injection	14
J2010	Lincomycin injection	16
J2020	Linezolid injection	92
J2060	Lorazepam injection	11
J2150	Mannitol injection	4
J2175	Meperidine hydrochl /100 MG	1
J2180	Meperidine/promethazine inj	11
J2185	Meropenem	18
J2210	Methylergonovin maleate inj	5
J2250	Inj midazolam hydrochloride	3
J2260	Inj milrinone lactate / 5 MG	51
J2270	Morphine sulfate injection	1
J2271	Morphine so4 injection 100mg	16
J2275	Morphine sulfate injection	12
J2280	Inj, moxifloxacin 100 mg	23
J2300	Inj nalbuphine hydrochloride	2
J2310	Inj naloxone hydrochloride	5
J2320	Nandrolone decanoate 50 MG	9
J2321	Nandrolone decanoate 100 MG	15
J2322	Nandrolone decanoate 200 MG	18
J2324	Nesiritide	259
J2352	Octreotide acetate injection	297
J2353	Octreotide injection, depot	280
J2354	Octreotide inj, non-depot	13
J2355	Oprelvekin injection	313
J2357	Omalizumab injection	22
J2360	Orphenadrine injection	22
J2370	Phenylephrine hcl injection	3
J2400	Chloroprocaine hcl injection	13
J2405	Ondansetron hcl injection	9
J2410	Oxymorphone hcl injection	5
J2430	Pamidronate disodium /30 MG	326
J2440	Papaverin hcl injection	9
J2460	Oxytetracycline injection	1
J2469	Palonosetron HCl	77
J2500	Paricalcitol	43
J2501	Paricalcitol	8
J2505	Injection, pegfilgrastim 6mg	7,020
J2510	Penicillin g procaine inj	4
J2515	Pentobarbital sodium inj	2
J2540	Penicillin g potassium inj	1
J2543	Piperacillin/tazobactam	24
J2545	Pentamidine isethionte/300mg	131
J2550	Promethazine hcl injection	4
J2560	Phenobarbital sodium inj	7
J2590	Oxytocin injection	1

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
J2597	Inj desmopressin acetate	7
J2650	Prednisolone acetate inj	0
J2670	Totazoline hcl injection	50
J2675	Inj progesterone per 50 MG	8
J2680	Fluphenazine decanoate 25 MG	33
J2690	Procainamide hcl injection	15
J2700	Oxacillin sodium injeciton	3
J2710	Neostigmine methylsulfate inj	2
J2720	Inj protamine sulfate/10 MG	1
J2725	Inj protirelin per 250 mcg	93
J2730	Pralidoxime chloride inj	40
J2760	Phentolamine mesylate inj	40
J2765	Metoclopramide hcl injection	3
J2770	Quinupristin/dalfopristin	337
J2780	Ranitidine hydrochloride inj	6
J2788	Rho d immune globulin 50 mcg	124
J2790	Rho d immune globulin inj	133
J2792	Rho(D) immune globulin h, sd	71
J2794	Risperidone, long acting	12
J2795	Ropivacaine HCl injection	1
J2800	Methocarbamol injection	31
J2810	Inj theophylline per 40 MG	2
J2820	Sargramostim injection	34
J2910	Aurothioglucose injeciton	18
J2912	Sodium chloride injection	1
J2915	NA Ferric Gluconate Complex	98
J2916	Na ferric gluconate complex	13
J2920	Methylprednisolone injection	3
J2930	Methylprednisolone injection	8
J2940	Somatrem injection	102
J2941	Somatropin injection	107
J2950	Promazine hcl injection	1
J2993	Reteplase injection	4,207
J2995	Inj streptokinase /250000 IU	162
J2997	Alteplase recombinant	92
J3000	Streptomycin injection	8
J3010	Fentanyl citrate injeciton	2
J3030	Sumatriptan succinate / 6 MG	118
J3070	Pentazocine injection	3
J3100	Tenecteplase injection	8,766
J3105	Terbutaline sulfate inj	3
J3120	Testosterone enanthate inj	16
J3130	Testosterone enanthate inj	31
J3140	Testosterone suspension inj	1
J3150	Testosteron propionate inj	2
J3230	Chlorpromazine hcl injection	3

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2006-07

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
J3240	Thyrotropin injection	266
J3245	Tirofiban hydrochloride	1,474
J3250	Trimethobenzamide hcl inj	6
J3260	Tobramycin sulfate injection	10
J3265	Injection torsemide 10 mg/ml	1
J3280	Thiethylperazine maleate inj	6
J3301	Triamcinolone acetonide inj	2
J3302	Triamcinolone diacetate inj	0
J3303	Triamcinolone hexacetonl inj	3
J3305	Inj trimetrexate glucuronate	98
J3310	Perphenazine injeciton	8
J3315	Triptorelin pamoate	857
J3320	Spectinomycn di-hcl inj	28
J3350	Urea injection	103
J3360	Diazepam injection	3
J3364	Urokinase 5000 IU injection	79
J3365	Urokinase 250,000 IU inj	622
J3370	Vancomycin hcl injection	16
J3395	Verteporfin injection	2,408
J3396	Verteporfin injection	16
J3400	Triflupromazine hcl inj	17
J3410	Hydroxyzine hcl injection	1
J3411	Thiamine hcl 100 mg	1
J3415	Pyridoxine hcl 100 mg	7
J3420	Vitamin b12 injection	2
J3430	Vitamin k phytonadione inj	0
J3465	Injection, voriconazole	21
J3470	Hyaluronidase injection	10
J3475	Inj magnesium sulfate	1
J3480	Inj potassium chloride	1
J3485	Zidovudine	10
J3487	Zoledronic acid, 1 mg	556
J3520	Edetate disodium per 150 mg	1
J3530	Nasal vaccine inhalation	56
J3535	Metered dose inhaler drug	4
J3570	Laetrile amygdalin vit B17	38
J3590	Unclassified biologics	983
J7030	Normal saline solution infus, 1000 cc	13
J7040	Normal saline solution infus, sterile (500 ml = 1 unit)	13
J7042	5% dextrose/normal saline (500 ml = 1 unit)	15
J7050	Normal saline solution infus, 250 cc	15
J7051	Sterile saline/water, up to 5 cc	4
J7060	5% dextrose/water, (500 ml = 1 unit)	13
J7070	D5w infusion, 1000 cc	17
J7100	Dextran 40 infusion, 500 ml	132
J7110	Dextran 75 infusion	131

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
J7120	Ringers lactate infusion	18
J7130	Hypertonic saline solution	4
J7190	Factor viii	1
J7191	Factor VIII (porcine)	8
J7192	Factor viii recombinant	2
J7193	Factor IX non-recombinant	3
J7194	Factor ix complex	46
J7195	Factor IX recombinant	1
J7197	Antithrombin iii injection	2
J7198	Anti-inhibitor	200
J7300	Intraut copper contraceptive	564
J7302	Levonorgestrel iu contracept	721
J7303	Contraceptive vaginal ring	56
J7308	Aminolevulinic acid hcl top	203
J7310	Ganciclovir long act implant	15,487
J7316	Sodium hyaluronate injection	78
J7317	Sodium hyaluronate injection	305
J7320	Hylan G-F 20 injection	287
J7330	Cultured chondrocytes implnt	50,226
J7340	Metabolic active D/E tissue	44
J7342	Metabolically active tissue	28
J7500	Azathioprine oral 50mg	3
J7501	Azathioprine parenteral	250
J7502	Cyclosporine oral 100 mg	10
J7504	Lymphocyte immune globulin	666
J7505	Monoclonal antibodies	2,531
J7506	Prednisone oral, per 5 mg	1
J7507	Tacrolimus oral per 1 mg	5
J7508	Tacrolimus oral per 5 mg	26
J7509	Methylprednisolone oral	1
J7510	Prednisolone oral per 5 mg	1
J7511	Antithymocyte globuln rabbit	1,046
J7513	Daclizumab, parenteral	951
J7515	Cyclosporine oral 25 mg	3
J7516	Cyclosporin parenteral 250 mg	94
J7517	Mycophenolate mofetil oral	5
J7520	Sirolimus, oral	13
J7525	Tacrolimus injection	375
J7608	Acetylcysteine inh sol u d	16
J7611	Albuterol concentrated form	0
J7612	Levalbuterol concentrated	4
J7613	Albuterol unit dose	1
J7614	Levalbuterol unit dose	3
J7616	Albuterol compound solution	6
J7618	Albuterol inh sol con	1
J7619	Albuterol inh sol u d	1

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
J7620	Albuterol non-compounded	1
J7621	(Levo)albuterol/lpra-bromide	7
J7622	Beclomethasone inhalatn sol	9
J7624	Betamethasone inhalation sol	3
J7626	Budesonide, non-compounded	8
J7627	Budesonide, compounded	16
J7628	Bitolterol mes inhal sol con	1
J7629	Bitolterol mes inh sol u d	1
J7631	Cromolyn sodium inh sol u d	1
J7633	Budesonide concentrated sol	7
J7635	Atropine inhal sol con	1
J7636	Atropine inhal sol unit dose	1
J7637	Dexamethasone inhal sol con	1
J7638	Dexamethasone inhal sol u d	1
J7639	Dornase alpha inhal sol u d	83
J7641	Flunisolide, inhalation sol	3
J7642	Glycopyrrolate inhal sol con	11
J7643	Glycopyrrolate inhal sol u d	25
J7644	Ipratropium brom inh sol u d	6
J7648	Isoetharine hcl inh sol con	14
J7649	Isoetharine hcl inh sol u d	1
J7659	Isoproterenol hcl inh sol ud	7
J7668	Metaproterenol inh sol con	1
J7669	Metaproterenol inh sol u d	3
J7674	Methacholine chloride, neb	1
J7680	Terbutaline so4 inh sol con	46
J7681	Terbutaline so4 inh sol unit dose	4
J7682	Tobramycin inhalation sol	203
J7683	Triamcinolone inh sol con	1
J7684	Triamcinolone inh sol u d	1
J8510	Oral busulfan	8
J8520	Capecitabine, oral, 150 mg	8
J8521	Capecitabine, oral, 500 mg	21
J8530	Cyclophosphamide oral 25 mg	11
J8560	Etoposide oral 50 mg	117
J8600	Melphalan oral 2 mg	5
J8610	Methotrexate oral 2.5 mg	9
J8700	Temozolomide	20
J9000	Doxorubic hcl 10 mg vl chemo	71
J9001	Doxorubicin hcl liposome inj	470
J9010	Alemtuzumab injection	1,333
J9015	Aldesleukin/single use vial	798
J9017	Arsenic trioxide	879
J9020	Asparaginase injection	73
J9031	Bcg live intravesical vac	233
J9035	Bevacizumab injection	182

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
J9040	Bleomycin sulfate injection	405
J9041	Bortezomib injection	97
J9045	Carboplatin injection	133
J9050	Carmus bischl nitro inj	145
J9055	Cetuximab injection	154
J9060	Cisplatin 10 MG injection	56
J9062	Cisplatin 50 MG injection	616
J9065	Inj cladribine per 1 MG	75
J9070	Cyclophosphamide 100 MG inj	8
J9080	Cyclophosphamide 200 MG inj	34
J9090	Cyclophosphamide 500 MG inj	70
J9091	Cyclophosphamide 1.0 grm inj	146
J9092	Cyclophosphamide 2.0 grm inj	251
J9093	Cyclophosphamide lyophilized	9
J9094	Cyclophosphamide lyophilized	41
J9095	Cyclophosphamide lyophilized	80
J9096	Cyclophosphamide lyophilized	173
J9097	Cyclophosphamide lyophilized	322
J9098	Cytarabine liposome	1,244
J9100	Cytarabine hcl 100 MG inj	9
J9110	Cytarabine hcl 500 MG inj	83
J9120	Dactinomycin actinomycin d	17
J9130	Dacarbazine 100 mg inj	15
J9140	Dacarbazine 200 MG inj	79
J9150	Daunorubicin	112
J9151	Daunorubicin citrate liposom	90
J9160	Denileukin diftitox, 300 mcg	3,450
J9165	Diethylstilbestrol injection	20
J9170	Docetaxel	378
J9178	Inj, epirubicin hcl, 2 mg	74
J9180	Epirubicin HCl injection	1,800
J9181	Etoposide 10 MG inj	18
J9182	Etoposide 100 MG inj	345
J9185	Fludarabine phosphate inj	322
J9190	Fluorouracil injection	4
J9200	Floxuridine injection	181
J9201	Gemcitabine HCl	124
J9202	Goserelin acetate implant	625
J9206	Irinotecan injection	165
J9208	Ifosfomide injection	198
J9209	Mesna injection	51
J9211	Idarubicin hcl injection	478
J9212	Interferon alfacon-1	5
J9213	Interferon alfa-2a inj	47
J9214	Interferon alfa-2b inj	15
J9215	Interferon alfa-n3 inj	11

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
J9216	Interferon gamma 1-b inj	169
J9217	Leuprolide acetate suspnsion	791
J9218	Leuprolide acetate ineciton	172
J9219	Leuprolide acetate implant	9,405
J9230	Mechlorethamine hcl inj	14
J9245	Inj melphalan hydrochl 50 MG	509
J9250	Methotrexate sodium inj	1
J9260	Methotrexate sodium inj	6
J9263	Oxaliplatin	25
J9265	Paclitaxel injection	243
J9266	Pegaspargase/singl dose vial	1,850
J9268	Pentostatin injection	2,188
J9270	Plicamycin (mithramycin) inj	118
J9280	Mitomycin 5 MG inj	170
J9290	Mitomycin 20 MG inj	941
J9291	Mitomycin 40 MG inj	1,568
J9293	Mitoxantrone hydrochl / 5 MG	312
J9300	Gemtuzumab ozogamicin	5,173
J9305	Pemetrexed injection	116
J9310	Rituximab cancer treatment	588
J9320	Streptozocin injection	141
J9340	Thiotepa injection	140
J9350	Topotecan	803
J9355	Trastuzumab	162
J9357	Valrubicin, 200 mg	593
J9360	Vinblastine sulfate inj	5
J9370	Vincristine sulfate 1 MG inj	48
J9375	Vincristine sulfate 2 MG inj	191
J9380	Vincristine sulfate 5 MG inj	393
J9390	Vinorelbine tartrate/10 mg	106
J9395	Injection, Fulvestrant	225
J9600	Porfimer sodium	3,423
K0001	Standard wheelchair	85
K0002	Stnd hemi (low seat) whlchr	115
K0003	Lightweight wheelchair	125
K0004	High strength ltwt whlchr	187
K0005	Ultralightweight wheelchair	2,588
K0006	Heavy duty wheelchair	176
K0007	Extra heavy duty wheelchair	250
K0009	Other manual wheelchair/base	4,448
K0010	Stnd wt frame power whlchr	596
K0011	Stnd wt pwr whlchr w control	830
K0012	Ltwt portbl power whlchr	455
K0015	Detach non-adjus hght armrst	254
K0016	Detach adjust armrst complete	181
K0017	Detach adjust armrest base	72

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
K0018	Detach adjust armrst upper	40
K0019	Arm pad each	24
K0020	Fixed adjust armrest pair	65
K0021	Anti-tipping device each	95
K0022	Reinforced back upholstery	79
K0023	Planr back insrt foam w/strp	148
K0024	Plnr back insrt foam w/hrdwr	174
K0025	Hook-on headrest extension	112
K0026	Back upholst lgtwt whlchr	73
K0027	Back upholst other whlchr	73
K0028	Manual fully reclining back	856
K0029	Reinforced seat upholstery	78
K0030	Solid plnr seat sngl dnsfoam	149
K0031	Safety belt/pelvic strap	66
K0032	Seat uphols lgtwt whlchr	72
K0033	Seat upholstery other whlchr	72
K0034	Heel loop each	28
K0035	Heel loop with ankle strap	40
K0036	Toe loop each	30
K0037	High mount flip-up footrest	67
K0038	Leg strap each	34
K0039	Leg strap h style each	75
K0040	Adjustable angle footplate	105
K0041	Large size footplate each	74
K0042	Standard size footplate each	51
K0043	Ftrst lower extension tube	27
K0044	Ftrst upper hanger bracket	23
K0045	Footrest complete assembly	79
K0046	Elevat legrst low extension	27
K0047	Elevat legrst up hangr brack	107
K0048	Elevate legrest complete	184
K0049	Calf pad each	48
K0050	Ratchet assembly	46
K0051	Cam relese assem ftrst/lgrst	74
K0052	Swingaway detach footrest	129
K0053	Elevate footrest articulate	143
K0054	Seat wdth 10-12/15/17/20 wc	164
K0055	Seat dpth 15/17/18 ltwt wc	149
K0056	Seat ht < 17 or > = 21 ltwt wc	133
K0057	Seat wdth 19/20 hvy dty wc	194
K0058	Seat dpth 17/18 power wc	94
K0059	Plastic coated handrim each	50
K0060	Steel handrim each	44
K0061	Aluminum handrim each	61
K0062	Handrim 8-10 vert/obliq proj	95
K0063	Hndrm 12-16 vert/obliq proj	128

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
K0064	Zero pressure tube flat free	48
K0065	Spoke protectors	62
K0066	Solid tire any size each	45
K0067	Pneumatic tire any size each	64
K0068	Pneumatic tire tube each	9
K0069	Rear whl complete solid tire	140
K0070	Rear whl compl pneum tire	256
K0071	Front castr compl pneum tire	153
K0072	Frnt cstr cmpl sem-pneum tir	92
K0073	Caster pin lock each	49
K0074	Pneumatic caster tire each	56
K0075	Semi-pneumatic caster tire	65
K0076	Solid caster tire each	40
K0077	Front caster assem complete	82
K0078	Pneumatic caster tire tube	15
K0079	Wheel lock extension pair	93
K0080	Anti-rollback device pair	246
K0081	Wheel lock assembly complete	64
K0082	22 nf nonsealed leadacid	176
K0083	22nf sealed leadacid battery	218
K0084	Gr24 nonsealed leadacid	144
K0085	Gr24 sealed leadacid battery	292
K0086	U1nonsealed leadacid battery	176
K0087	U1 sealed leadacid battery	176
K0088	Battery charger, single mode	414
K0089	Battery charger, dual mode	657
K0090	Rear tire power wheelchair	107
K0091	Rear tire tube power whlchr	29
K0092	Rear assem cmplt powr whlchr	340
K0093	Rear zero pressure tire tube	213
K0094	Wheel tire for power base	69
K0095	Wheel tire tube each base	69
K0096	Wheel assem powr base complt	384
K0097	Wheel zero presure tire tube	88
K0098	Drive belt power wheelchair	38
K0099	Pwr wheelchair front caster	113
K0100	Amputee adapter pair	139
K0101	One-arm drive attachment	63
K0102	Crutch and cane holder	68
K0103	Transfer board < 25"	87
K0104	Cylinder tank carrier	186
K0105	Iv hanger	139
K0106	Arm trough each	168
K0107	Wheelchair tray	163
K0112	Trunk vest supprt innr frame	447
K0113	Trunk vest suprt w/o innr frm	272

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
K0114	Whlchr back suprt inr frame	1,189
K0115	Back module orthotic system	1,364
K0116	Back & seat modul orthot sys	2,845
K0183	Nasal application device	171
K0184	Nasal pillow or face seal	50
K0185	Pos airway pressure headgear	78
K0186	Pos airway prssure chinstrap	38
K0187	Pos airway pressure tubing	77
K0188	Pos airway pressure filter	10
K0189	Filter nondisposable w PAP	29
K0195	Elevating whlchair leg rests	30
K0268	Humidifier nonheated w PAP	168
K0452	Wheelchair bearings	10
K0455	Pump uninterrupted infusion	371
K0460	WC power add-on joystick	391
K0461	WC power add-on tiller cntrl	2,996
K0531	Heated humidifier used w pap	473
K0532	Noninvasive assist wo backup	403
K0533	Noninvasive assist w backup	1,007
K0534	Invasive assist w backup	1,007
K0538	Neg pressure wnd thrpy pump	2,692
K0539	Neg pres wnd thrpy dsg set	43
K0540	Neg pres wnd thrp canister	39
K0541	SGD prerecorded msg < = 8 min	613
K0542	SGD prerecorded msg > 8 min	2,370
K0543	SGD msg formed by spelling	5,608
K0544	SGD w multi methods msg/accs	10,612
K0547	SGD accessory NOC	314
K0548	Insulin lispro	4
K0549	Hosp bed hvy dty xtra wide	477
K0550	Hosp bed xtra hvy dty x wide	1,208
K0551	Residual limb support system	676
K0552	Supply/ext inf pump syr type	4
K0556	Socket insert w lock mech	1,120
K0557	Socket insert w/o lock mech	933
K0558	Intl custm cong/atyp insert	1,982
K0559	Initial custom socket insert	1,982
K0560	MCP joint 2-piece for implnt	3,315
K0561	Nonpectin based ostomy paste	5
K0562	Pectin based ostomy paste	9
K0563	Ext wear ost skn barr < = 4sq"	13
K0564	Ext wear ost skn barr > 4sq"	14
K0565	Ost skn barr w flng < = 4sq"	9
K0566	Ost skn barr w flng > 4sq"	13
K0567	1 pc drainable ost pouch	3
K0568	1 pc cnvx drainabl ost pouch	5

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
K0569	2 pc drainable ost pouch	8
K0570	Ostomy skn barr w flng < = 4sq"	8
K0571	Ostomy skn barr w flng > 4sq"	9
K0572	Non-waterproof tape	1
K0573	Waterproof tape	1
K0574	Ostomy pouch filter	1
K0575	Ost pouch rustle free mat	1
K0576	Ostomy pouch comfort panel	1
K0577	Ostomy pouch odor barrier	1
K0578	Urinary pouch faucet/drain	1
K0579	Ost pouch absorbent material	1
K0580	Ost pouch locking flange	1
K0581	Ost pch clsd w barrier/filtr	4
K0582	Ost pch w bar/bltinconv/fltr	6
K0583	Ost pch clsd w/o bar w filtr	3
K0584	Ost pch for bar w flange/flt	3
K0586	Ost pch for bar w lk fl/fltr	3
K0587	Ost pch drain w bar & filter	8
K0588	Ost pch drain for barrier fl	5
K0589	Ost pch drain 2 piece system	4
K0590	Ost pch drain/barr lk flng/f	4
K0591	Urine ost pouch w faucet/tap	10
K0592	Urine ost pouch w bltinconv	13
K0593	Ost urine pch w b/bltin conv	14
K0594	Ost pch urine w barrier/tapv	10
K0595	Os pch urine w bar/fange/tap	5
K0596	Urine ost pch bar w lock fln	5
K0597	Ost pch urine w lock flng/ft	6
K0600	Functional neuromuscularstim	15,957
K0601	Repl batt silver oxide 1.5 v	2
K0602	Repl batt silver oxide 3 v	9
K0603	Repl batt alkaline 1.5 v	1
K0604	Repl batt lithium 3.6 v	9
K0605	Repl batt lithium 4.5 v	20
K0607	Repl batt for AED	272
K0608	Repl garment for AED	170
K0609	Repl electrode for AED	1,129
K0611	Disposable cyler set	38
K0615	SGD prerec mes > 8min < = 20min	1,875
K0616	SGD prerec mes > 20min < = 40min	2,474
K0617	SGD prerec mes > 40min	3,626
K0618	TLSO 2 piece rigid shell	1,155
K0619	TLSO 3 piece rigid shell	750
K0620	Tubular elastic dressing	1
K0621	Gauze, non-impreg pack strip	3
K0622	Confrm band non str < 3in/rol	1

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
K0623	Confrm band sterl> 3in/roll	3
K0624	Lite compress wdth < 3in/roll	9
K0625	Self adher wdth < 3 in, roll	5
K0626	Self adher wdth > = 5 in, roll	11
K0627	Cervical pneum trac equip	350
K0628	Multi den insert direct form	36
K0629	Multi den insert custom mold	53
K0630	SIO flex pelvisacral prefab	113
K0634	LO flexibl L1-below L5 pre	65
K0635	LO sag stays/panels pre-fab	92
K0636	LO sagitt rigid panel prefab	483
K0637	LO flex w/o rigid stays pre	99
K0639	LSO post rigid panel pre	190
K0640	LSO sag-coro rigid frame pre	1,206
K0642	LSO flexion control prefab	337
K0646	LSO sag-coronal panel prefab	1,379
K0647	LSO sag-coronal panel custom	1,549
K0648	LSO s/c shell/panel prefab	1,379
K0649	LSO s/c shell/panel custom	1,229
K0650	Gen w/c cushion width < 22"	119
K0730	Ctrl dose inh drug deliv sys	241
L0100	Cranial orthosis/helmet mold	809
L0110	Cranial orthosis/helmet nonm	202
L0112	Cranial cervical orthosis	1,879
L0120	Cerv flexible non-adjustable	37
L0130	Flex thermoplastic collar mo	229
L0140	Cervical semi-rigid adjustab	90
L0150	Cerv semi-rig adj molded chn	152
L0160	Cerv semi-rig wire occ/mand	220
L0170	Cervical collar molded to pt	906
L0172	Cerv col thermplas foam 2 pi	178
L0174	Cerv col foam 2 piece w thor	386
L0180	Cer post col occ/man sup adj	521
L0190	Cerv collar supp adj cerv ba	696
L0200	Cerv col supp adj bar & thor	726
L0210	Thoracic rib belt	62
L0220	Thor rib belt custom fabrica	172
L0300	TLSO flex surgical support	240
L0310	Tlso flexible custom fabrica	454
L0315	Tlso flex elas rigid post pa	363
L0317	Tlso flex hypext elas post p	492
L0320	Tlso a-p contrl w apron frnt	514
L0321	Tlso anti-post-cntrl prefab	720
L0330	Tlso ant-pos-lateral control	631
L0331	Tlso ant-post-lat cntrl prfb	837
L0340	Tlso a-p-l-rotary with apron	899

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L0350	Tlso flex compress jacket cu	1,318
L0360	Tlso flex compress jacket mo	1,952
L0370	Tlso a-p-l-rotary hyperexten	557
L0380	Tlso a-p-l-rot w/ pos extens	857
L0390	Tlso a-p-l control molded	1,961
L0391	Tlso ant-post-lat-rot cntrl	1,050
L0400	Tlso a-p-l w interface mater	2,135
L0410	Tlso a-p-l two piece constr	2,447
L0420	Tlso a-p-l 2 piece w interfa	2,597
L0430	Dewall posture protector	1,883
L0440	Tlso a-p-l overlap frnt cust	1,543
L0450	TLSO flex prefab thoracic	244
L0452	tlso flex custom fab thoraci	454
L0454	TLSO flex prefab sacrococ-T9	466
L0456	TLSO flex prefab	1,335
L0458	TLSO 2Mod symphis-xipho pre	1,197
L0460	TLSO2Mod symphysis-stern pre	1,348
L0462	TLSO 3Mod sacro-scap pre	1,676
L0464	TLSO 4Mod sacro-scap pre	1,995
L0466	TLSO rigid frame pre soft ap	525
L0468	TLSO rigid frame prefab pelv	644
L0470	TLSO rigid frame pre subclav	896
L0472	TLSO rigid frame hyperex pre	568
L0476	TLSO flexion compres jac pre	1,507
L0478	TLSO flexion compres jac cus	2,230
L0480	TLSO rigid plastic custom fa	2,001
L0482	TLSO rigid lined custom fab	2,179
L0484	TLSO rigid plastic cust fab	2,497
L0486	TLSO rigidlined cust fab two	2,649
L0488	TLSO rigid lined pre one pie	1,348
L0490	TLSO rigid plastic pre one	380
L0491	TLSO 2 piece rigid shell	1,031
L0492	TLSO 3 piece rigid shell	669
L0500	Lso flex surgical support	213
L0510	Lso flexible custom fabricat	434
L0515	Lso flex elas w/ rig post pa	458
L0520	Lso a-p-l control with apron	649
L0530	Lso ant-pos control w apron	652
L0540	Lso lumbar flexion a-p-l	702
L0550	Lso a-p-l control molded	2,081
L0560	Lso a-p-l w interface	2,274
L0561	Prefab lso	519
L0565	Lso a-p-l control custom	1,765
L0600	Sacroiliac flex surg support	146
L0610	Sacroiliac flexible custm fa	406
L0620	Sacroiliac semi-rig w apron	666

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L0621	SIO flex pelvisacral prefab	130
L0622	SIO flex pelvisacral custom	363
L0625	LO flexibl L1-below L5 pre	74
L0626	LO sag stays/panels pre-fab	105
L0627	LO sagitt rigid panel prefab	552
L0628	LO flex w/o rigid stays pre	113
L0630	LSO post rigid panel pre	217
L0631	LSO sag-coro rigid frame pre	1,378
L0633	LSO flexion control prefab	385
L0635	LSO sagit rigid panel prefab	1,345
L0636	LSO sagittal rigid panel cus	1,991
L0637	LSO sag-coronal panel prefab	1,576
L0638	LSO sag-coronal panel custom	1,771
L0639	LSO s/c shell/panel prefab	1,576
L0640	LSO s/c shell/panel custom	1,405
L0700	Ctlso a-p-l control molded	2,841
L0710	Ctlso a-p-l control w/ inter	2,935
L0810	Halo cervical into jckt vest	3,624
L0820	Halo cervical into body jack	3,035
L0830	Halo cerv into milwaukee typ	4,406
L0859	MRI compatible system	1,712
L0860	Magnetic resonanc image comp	1,917
L0861	Halo repl liner/interface	289
L0900	Torso/ptosis support	221
L0910	Torso & ptosis supp custm fa	479
L0920	Torso/pendulous abd support	233
L0930	Pendulous abdomen supp custm	521
L0940	Torso/postsurgical support	218
L0950	Post surg support custom fab	474
L0960	Post surgical support pads	97
L0970	Tlso corset front	161
L0972	Lso corset front	145
L0974	Tlso full corset	252
L0976	Lso full corset	225
L0978	Axillary crutch extension	270
L0980	Peroneal straps pair	25
L0982	Stocking supp grips set of f	23
L0984	Protective body sock each	84
L0986	Spinal orth abdm pnl prefab	183
L1000	Ctlso milwauke initial model	2,853
L1005	Tension based scoliosis orth	4,297
L1010	Ctlso axilla sling	94
L1020	Kyphosis pad	121
L1025	Kyphosis pad floating	175
L1030	Lumbar bolster pad	89
L1040	Lumbar or lumbar rib pad	110

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L1050	Sternal pad	117
L1060	Thoracic pad	134
L1070	Trapezius sling	126
L1080	Outrigger	78
L1085	Outrigger bil w/ vert extens	216
L1090	Lumbar sling	129
L1100	Ring flange plastic/leather	223
L1110	Ring flange plas/leather mol	359
L1120	Covers for upright each	56
L1200	Furnsh initial orthosis only	2,202
L1210	Lateral thoracic extension	368
L1220	Anterior thoracic extension	311
L1230	Milwaukee type superstructur	799
L1240	Lumbar derotation pad	109
L1250	Anterior asis pad	102
L1260	Anterior thoracic derotation	106
L1270	Abdominal pad	109
L1280	Rib gusset (elastic) each	121
L1290	Lateral trochanteric pad	110
L1300	Body jacket mold to patient	2,347
L1310	Post-operative body jacket	2,415
L1499	Spinal orthosis NOS	61
L1500	Thkao mobility frame	2,669
L1510	Thkao standing frame	1,689
L1520	Thkao swivel walker	3,206
L1600	Abduct hip flex frejka w cvr	181
L1610	Abduct hip flex frejka covr	62
L1620	Abduct hip flex pavlik harne	188
L1630	Abduct control hip semi-flex	238
L1640	Pelv band/spread bar thigh c	648
L1650	HO abduction hip adjustable	325
L1652	HO bi thighcuffs w sprdr bar	479
L1660	HO abduction static plastic	240
L1680	Pelvic & hip control thigh c	1,712
L1685	Post-op hip abduct custom fa	1,671
L1686	HO post-op hip abduction	1,282
L1690	Combination bilateral HO	2,596
L1700	Leg perthes orth toronto typ	2,146
L1710	Legg perthes orth newington	2,512
L1720	Legg perthes orthosis trilat	1,852
L1730	Legg perthes orth scottish r	1,590
L1750	Legg perthes sling	310
L1755	Legg perthes patten bottom t	2,225
L1800	Knee orthoses elas w stays	93
L1810	Ko elastic with joints	138
L1815	Elastic with condylar pads	136

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L1820	Ko elas w/ condyle pads & jo	182
L1825	Ko elastic knee cap	77
L1830	Ko immobilizer canvas longit	123
L1831	Knee orth pos locking joint	395
L1832	KO adj jnt pos rigid support	854
L1834	Ko w/O joint rigid molded to	1,091
L1836	Rigid KO wo joints	179
L1840	Ko derot ant cruciate custom	1,292
L1843	KO single upright custom fit	1,205
L1844	Ko w/adj jt rot cntrl molded	2,234
L1845	Ko w/ adj flex/ext rotat cus	1,149
L1846	Ko w adj flex/ext rotat mold	1,492
L1847	KO adjustable w air chambers	772
L1850	Ko swedish type	404
L1855	Ko plas doub upright jnt mol	1,544
L1858	Ko polycentric pneumatic pad	1,684
L1860	Ko supracondylar socket mold	1,508
L1870	Ko doub upright lacers molde	1,471
L1880	Ko doub upright cuffs/lacers	995
L1885	Knee upright w/resistance	1,565
L1900	Afo sprng wir drsflx calf bd	379
L1901	Prefab ankle orthosis	24
L1902	Afo ankle gauntlet	112
L1904	Afo molded ankle gauntlet	661
L1906	Afo multiligamentus ankle su	169
L1907	AFO supramalleolar custom	755
L1910	Afo sing bar clasp attach sh	376
L1920	Afo sing upright w/ adjust s	491
L1930	Afo plastic	332
L1932	Afo rig ant tib prefab TCF/=	1,198
L1940	Afo molded to patient plasti	695
L1945	Afo molded plas rig ant tib	1,301
L1950	Afo spiral molded to pt plas	1,047
L1951	AFO spiral prefabricated	1,127
L1960	Afo pos solid ank plastic mo	779
L1970	Afo plastic molded w/ankle j	1,000
L1971	AFO w/ankle joint, prefab	629
L1980	Afo sing solid stirrup calf	516
L1990	Afo doub solid stirrup calf	626
L2000	Kafo sing fre stirr thi/calf	1,425
L2005	KAFO sng/dbl mechanical act	5,502
L2010	Kafo sng solid stirrup w/o j	1,299
L2020	Kafo dbl solid stirrup band/	1,641
L2030	Kafo dbl solid stirrup w/o j	1,423
L2035	KAFO plastic pediatric size	234
L2036	Kafo plas doub free knee mol	2,607

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L2037	Kafo plas sing free knee mol	2,340
L2038	Kafo w/o joint multi-axis an	2,009
L2039	KAFO,plstic,medlat rotat con	3,342
L2040	Hkafo torsion bil rot straps	249
L2050	Hkafo torsion cable hip pelv	669
L2060	Hkafo torsion ball bearing j	816
L2070	Hkafo torsion unilat rot str	189
L2080	Hkafo unilat torsion cable	505
L2090	Hkafo unilat torsion ball br	616
L2102	Afo tibial fx cast plstr mol	626
L2104	Afo tib fx cast synthetic mo	627
L2106	Afo tib fx cast plaster mold	955
L2108	Afo tib fx cast molded to pt	1,501
L2112	Afo tibial fracture soft	656
L2114	Afo tib fx semi-rigid	816
L2116	Afo tibial fracture rigid	1,000
L2122	Kafo fem fx cast plaster mol	1,519
L2124	Kafo fem fx cast synthet mol	1,814
L2126	Kafo fem fx cast thermoplas	1,683
L2128	Kafo fem fx cast molded to p	2,409
L2132	Kafo femoral fx cast soft	1,133
L2134	Kafo fem fx cast semi-rigid	1,359
L2136	Kafo femoral fx cast rigid	1,662
L2180	Plas shoe insert w ank joint	165
L2182	Drop lock knee	129
L2184	Limited motion knee joint	174
L2186	Adj motion knee jnt lerman t	212
L2188	Quadrilateral brim	421
L2190	Waist belt	123
L2192	Pelvic band & belt thigh fla	501
L2200	Limited ankle motion ea jnt	67
L2210	Dorsiflexion assist each joi	94
L2220	Dorsi & plantar flex ass/res	115
L2230	Split flat caliper stirr & p	108
L2240	Round caliper and plate atta	117
L2250	Foot plate molded stirrup at	499
L2260	Reinforced solid stirrup	282
L2265	Long tongue stirrup	165
L2270	Varus/valgus strap padded/li	75
L2275	Plastic mod low ext pad/line	176
L2280	Molded inner boot	636
L2300	Abduction bar jointed adjust	378
L2310	Abduction bar-straight	173
L2320	Non-molded lacer	289
L2330	Lacer molded to patient mode	552
L2335	Anterior swing band	319

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L2340	Pre-tibial shell molded to p	628
L2350	Prosthetic type socket molde	1,252
L2360	Extended steel shank	73
L2370	Patten bottom	361
L2375	Torsion ank & half solid sti	159
L2380	Torsion straight knee joint	173
L2385	Straight knee joint heavy du	188
L2390	Offset knee joint each	154
L2395	Offset knee joint heavy duty	220
L2397	Suspension sleeve lower ext	158
L2405	Knee joint drop lock ea jnt	117
L2415	Knee joint cam lock each joi	163
L2425	Knee disc/dial lock/adj flex	192
L2430	Knee jnt ratchet lock ea jnt	192
L2435	Knee joint polycentric joint	261
L2492	Knee lift loop drop lock rin	143
L2500	Thi/glut/ischia wgt bearing	443
L2510	Th/wght bear quad-lat brim m	1,021
L2520	Th/wght bear quad-lat brim c	647
L2525	Th/wght bear nar m-l brim mo	1,713
L2526	Th/wght bear nar m-l brim cu	962
L2530	Thigh/wght bear lacer non-mo	330
L2540	Thigh/wght bear lacer molded	594
L2550	Thigh/wght bear high roll cu	404
L2570	Hip clevis type 2 posit jnt	669
L2580	Pelvic control pelvic sling	652
L2600	Hip clevis/thrust bearing fr	289
L2610	Hip clevis/thrust bearing lo	341
L2620	Pelvic control hip heavy dut	376
L2622	Hip joint adjustable flexion	431
L2624	Hip adj flex ext abduct cont	465
L2627	Plastic mold recipro hip & c	2,409
L2628	Metal frame recipro hip & ca	2,354
L2630	Pelvic control band & belt u	348
L2640	Pelvic control band & belt b	472
L2650	Pelv & thor control gluteal	169
L2660	Thoracic control thoracic ba	262
L2670	Thorac cont paraspinal uprig	240
L2680	Thorac cont lat support upri	220
L2750	Plating chrome/nickel pr bar	117
L2755	Carbon graphite lamination	175
L2760	Extension per extension per	85
L2768	Ortho sidebar disconnect	175
L2770	Low ext orthosis per bar/jnt	87
L2780	Non-corrosive finish	95
L2785	Drop lock retainer each	45

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L2795	Knee control full kneecap	119
L2800	Knee cap medial or lateral p	150
L2810	Knee control condylar pad	110
L2820	Soft interface below knee se	122
L2830	Soft interface above knee se	132
L2840	Tibial length sock fx or equ	61
L2850	Femoral lgth sock fx or equa	87
L2860	Torsion mechanism knee/ankle	549
L2999	Lower extremity orthosis NOS	101
L3000	Ft insert ucb berkeley shell	422
L3001	Foot insert remov molded spe	178
L3002	Foot insert plastazote or eq	217
L3003	Foot insert silicone gel eac	234
L3010	Foot longitudinal arch suppo	234
L3020	Foot longitud/metatarsal sup	266
L3030	Foot arch support remov prem	102
L3031	Foot lamin/prepreg composite	168
L3040	Ft arch suprt premold longit	63
L3050	Foot arch supp premold metat	63
L3060	Foot arch supp longitud/meta	99
L3070	Arch suprt att to sho longit	43
L3080	Arch supp att to shoe metata	43
L3090	Arch supp att to shoe long/m	55
L3100	Hallus-valgus nght dynamic s	58
L3140	Abduction rotation bar shoe	120
L3150	Abduct rotation bar w/o shoe	109
L3160	Shoe styled positioning dev	33
L3170	Foot plastic heel stabilizer	68
L3201	Oxford w supinat/pronator inf	109
L3202	Oxford w/ supinat/pronator c	110
L3203	Oxford w/ supinator/pronator	117
L3204	Hightop w/ supp/pronator inf	110
L3206	Hightop w/ supp/pronator chi	94
L3207	Hightop w/ supp/pronator jun	124
L3208	Surgical boot each infant	73
L3209	Surgical boot each child	73
L3211	Surgical boot each junior	73
L3212	Benesch boot pair infant	137
L3213	Benesch boot pair child	166
L3214	Benesch boot pair junior	176
L3215	Orthopedic ftwear ladies oxf	179
L3216	Orthoped ladies shoes dpth i	220
L3217	Ladies shoes hightop depth i	294
L3218	Ladies surgical boot each	39
L3219	Orthopedic mens shoes oxford	212
L3221	Orthopedic mens shoes dpth i	235

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L3222	Mens shoes hightop depth inl	255
L3223	Mens surgical boot each	48
L3224	Woman's shoe oxford brace	83
L3225	Man's shoe oxford brace	95
L3230	Custom shoes depth inlay	439
L3250	Custom mold shoe remov prost	549
L3251	Shoe molded to pt silicone s	105
L3252	Shoe molded plastazote cust	443
L3253	Shoe molded plastazote cust	113
L3254	Orth foot non-stdnd size/w	39
L3255	Orth foot non-standard size/	31
L3257	Orth foot add charge split s	39
L3260	Ambulatory surgical boot eac	41
L3265	Plastazote sandal each	39
L3300	Sho lift taper to metatarsal	70
L3310	Shoe lift elev heel/sole neo	109
L3320	Shoe lift elev heel/sole cor	158
L3330	Lifts elevation metal extens	760
L3332	Shoe lifts tapered to one-ha	99
L3334	Shoe lifts elevation heel /i	51
L3340	Shoe wedge sach	114
L3350	Shoe heel wedge	31
L3360	Shoe sole wedge outside sole	48
L3370	Shoe sole wedge between sole	67
L3380	Shoe clubfoot wedge	67
L3390	Shoe outflare wedge	67
L3400	Shoe metatarsal bar wedge ro	55
L3410	Shoe metatarsal bar between	125
L3420	Full sole/heel wedge btween	73
L3430	Sho heel count plast reinfor	215
L3440	Heel leather reinforced	102
L3450	Shoe heel sach cushion type	142
L3455	Shoe heel new leather standa	55
L3460	Shoe heel new rubber standar	46
L3465	Shoe heel thomas with wedge	79
L3470	Shoe heel thomas extend to b	84
L3480	Shoe heel pad & depress for	84
L3485	Shoe heel pad removable for	39
L3500	Ortho shoe add leather insol	39
L3510	Orthopedic shoe add rub insl	39
L3520	O shoe add felt w leath insl	43
L3530	Ortho shoe add half sole	43
L3540	Ortho shoe add full sole	68
L3550	O shoe add standard toe tap	12
L3560	O shoe add horseshoe toe tap	31
L3570	O shoe add instep extension	114

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L3580	O shoe add instep velcro clo	87
L3590	O shoe convert to sof counte	72
L3595	Ortho shoe add march bar	56
L3600	Trans shoe calip plate exist	102
L3610	Trans shoe caliper plate new	135
L3620	Trans shoe solid stirrup exi	102
L3630	Trans shoe solid stirrup new	135
L3640	Shoe dennis browne splint bo	58
L3650	Shlder fig 8 abduct restrain	82
L3651	Prefab shoulder orthosis	80
L3652	Prefab dbl shoulder orthosis	242
L3660	Abduct restrainer canvas&web	141
L3670	Acromio/clavicular canvas&we	155
L3675	Canvas vest SO	214
L3677	SO hard plastic stabilizer	309
L3700	Elbow orthoses elas w stays	96
L3701	Prefab elbow orthosis	25
L3710	Elbow elastic with metal joi	170
L3720	Forearm/arm cuffs free motio	899
L3730	Forearm/arm cuffs ext/flex a	1,240
L3740	Cuffs adj lock w/ active con	1,470
L3760	EO withjoint, Prefabricated	611
L3762	Rigid EO wo joints	131
L3800	Whfo short opponen no attach	275
L3805	Whfo long opponens no attach	440
L3807	WHFO,no joint, prefabricated	305
L3810	Whfo thumb abduction bar	89
L3815	Whfo second m.p. abduction a	83
L3820	Whfo ip ext asst w/ mp ext s	142
L3825	Whfo m.p. extension stop	89
L3830	Whfo m.p. extension assist	116
L3835	Whfo m.p. spring extension a	126
L3840	Whfo spring swivel thumb	86
L3845	Whfo thumb ip ext ass w/ mp	112
L3850	Action wrist w/ dorsiflex as	159
L3855	Whfo adj m.p. flexion contro	161
L3860	Whfo adj m.p. flex ctrl & i.	220
L3890	Torsion mechanism wrist/elbo	549
L3900	Hinge extension/flex wrist/f	1,779
L3901	Hinge ext/flex wrist finger	2,210
L3902	Whfo ext power compress gas	3,283
L3904	Whfo electric custom fitted	4,027
L3906	WHO w/o joints CF	543
L3907	Whfo wrst gauntlt thmb spica	698
L3908	Wrist cock-up non-molded	82
L3909	Prefab wrist orthosis	17

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L3910	Whfo swanson design	516
L3911	Prefab hand finger orthosis	30
L3912	Flex glove w/elastic finger	130
L3914	WHO wrist extension cock-up	118
L3916	Whfo wrist extens w/ outrigg	175
L3917	Prefab metacarpl fx orthosis	129
L3918	HFO knuckle bender	108
L3920	Knuckle bender with outrigge	135
L3922	Knuckle bend 2 seg to flex j	134
L3923	HFO w/o joints PF	48
L3924	Oppenheimer	147
L3926	Thomas suspension	128
L3928	Finger extension w/ clock sp	80
L3930	Finger extension with wrist	85
L3932	Safety pin spring wire	65
L3934	Safety pin modified	66
L3936	Palmer	122
L3938	Dorsal wrist	128
L3940	Dorsal wrist w/ outrigger at	148
L3942	Reverse knuckle bender	102
L3944	Reverse knuckle bend w/ outr	135
L3946	HFO composite elastic	122
L3948	Finger knuckle bender	76
L3950	Oppenheimer w/ knuckle bend	206
L3952	Oppenheimer w/ rev knuckle 2	229
L3954	Spreading hand	152
L3956	Add joint upper ext orthosis	92
L3960	Sewho airplan desig abdu pos	1,011
L3962	Sewho erbs palsey design abd	987
L3963	Molded w/ articulating elbow	2,569
L3964	Seo mobile arm sup att to wc	870
L3965	Arm supp att to wc rancho ty	1,388
L3966	Mobile arm supports reclinin	1,045
L3968	Friction dampening arm supp	1,323
L3969	Monosuspension arm/hand supp	925
L3970	Elevat proximal arm support	370
L3972	Offset/lat rocker arm w/ ela	235
L3974	Mobile arm support supinator	200
L3980	Upp ext fx orthosis humeral	425
L3982	Upper ext fx orthosis rad/ul	513
L3984	Upper ext fx orthosis wrist	473
L3985	Forearm hand fx orth w/ wr h	804
L3986	Humeral rad/ulna wrist fx or	771
L3995	Sock fracture or equal each	45
L3999	Upper limb orthosis NOS	93
L4000	Repl girdle milwaukee orth	1,792

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L4010	Replace trilateral socket br	943
L4020	Replace quadlat socket brim	1,210
L4030	Replace socket brim cust fit	709
L4040	Replace molded thigh lacer	574
L4045	Replace non-molded thigh lac	461
L4050	Replace molded calf lacer	580
L4055	Replace non-molded calf lace	376
L4060	Replace high roll cuff	447
L4070	Replace prox & dist upright	395
L4080	Repl met band kafo-afo prox	142
L4090	Repl met band kafo-afo calf/	127
L4100	Repl leath cuff kafo prox th	147
L4110	Repl leath cuff kafo-afo cal	119
L4130	Replace pretibial shell	697
L4205	Ortho dvc repair per 15 min	41
L4210	Orth dev repair/repl minor p	50
L4350	Ankle control orthosi prefab	126
L4360	Pneumati walking boot prefab	389
L4370	Pneumatic full leg splint	265
L4380	Pneumatic knee splint	151
L4386	Non-pneum walk boot prefab	213
L4392	Replace AFO soft interface	32
L4394	Replace foot drop spint	23
L4396	Static AFO	225
L4398	Foot drop splint recumbent	104
L5000	Sho insert w arch toe filler	756
L5010	Mold socket ank hgt w/ toe f	1,823
L5020	Tibial tubercle hgt w/ toe f	2,967
L5050	Ank symes mold sckt sach ft	3,436
L5060	Symes met fr leath socket ar	4,135
L5100	Molded socket shin sach foot	3,479
L5105	Plast socket jts/thgh lacer	5,201
L5150	Mold sckt ext knee shin sach	5,257
L5160	Mold socket bent knee shin s	5,718
L5200	Kne sing axis fric shin sach	4,945
L5210	No knee/ankle joints w/ ft b	3,633
L5220	No knee joint with artic ali	4,129
L5230	Fem focal defic constant fri	5,695
L5250	Hip canad sing axi cons fric	7,767
L5270	Tilt table locking hip sing	7,699
L5280	Hemipelvect canad sing axis	7,622
L5301	BK mold socket SACH ft endo	3,437
L5311	Knee disart, SACH ft, endo	4,938
L5321	AK open end SACH	4,920
L5331	Hip disart canadian SACH ft	6,962
L5341	Hemipelvectomy canadian SACH	7,566

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L5400	Postop dress & 1 cast chg bk	1,802
L5410	Postop dsg bk ea add cast ch	625
L5420	Postop dsg & 1 cast chg ak/d	2,275
L5430	Postop dsg ak ea add cast ch	753
L5450	Postop app non-wgt bear dsg	610
L5460	Postop app non-wgt bear dsg	816
L5500	Init bk ptb plaster direct	1,923
L5505	Init ak ischal plstr direct	2,604
L5510	Prep BK ptb plaster molded	2,179
L5520	Perp BK ptb thermopls direct	2,153
L5530	Prep BK ptb thermopls molded	2,586
L5535	Prep BK ptb open end socket	2,539
L5540	Prep BK ptb laminated socket	2,710
L5560	Prep AK ischial plast molded	2,910
L5570	Prep AK ischial direct form	3,025
L5580	Prep AK ischial thermo mold	3,531
L5585	Prep AK ischial open end	3,830
L5590	Prep AK ischial laminated	3,599
L5595	Hip disartic sac thermopls	6,028
L5600	Hip disartic sac laminat mold	6,656
L5610	Above knee hydracadece	3,099
L5611	Ak 4 bar link w/fric swing	2,412
L5613	Ak 4 bar ling w/hydraul swig	3,669
L5614	4-bar link above knee w/swng	2,270
L5616	Ak univ multiplex sys frict	2,033
L5617	AK/BK self-aligning unit ea	757
L5618	Test socket symes	421
L5620	Test socket below knee	416
L5622	Test socket knee disarticula	543
L5624	Test socket above knee	544
L5626	Test socket hip disarticulat	714
L5628	Test socket hemipelvectomy	723
L5629	Below knee acrylic socket	476
L5630	Syme typ expandabl wall sckt	672
L5631	Ak/knee disartic acrylic soc	658
L5632	Symes type ptb brim design s	332
L5634	Symes type poster opening so	455
L5636	Symes type medial opening so	381
L5637	Below knee total contact	432
L5638	Below knee leather socket	729
L5639	Below knee wood socket	1,678
L5640	Knee disarticulat leather so	957
L5642	Above knee leather socket	928
L5643	Hip flex inner socket ext fr	2,330
L5644	Above knee wood socket	884
L5645	Bk flex inner socket ext fra	1,194

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L5646	Below knee cushion socket	820
L5647	Below knee suction socket	1,191
L5648	Above knee cushion socket	986
L5649	Isch containmt/narrow m-l so	2,850
L5650	Tot contact ak/knee disart s	731
L5651	Ak flex inner socket ext fra	1,798
L5652	Suction susp ak/knee disart	653
L5653	Knee disart expand wall sock	871
L5654	Socket insert symes	496
L5655	Socket insert below knee	397
L5656	Socket insert knee articulat	555
L5658	Socket insert above knee	544
L5660	Sock insrt syme silicone gel	845
L5661	Multi-durometer symes	911
L5662	Socket insert bk silicone ge	775
L5663	Sock knee disartic silicone	1,011
L5664	Socket insert ak silicone ge	973
L5665	Multi-durometer below knee	767
L5666	Below knee cuff suspension	105
L5668	Socket insert w/o lock lower	151
L5670	Bk molded supracondylar susp	406
L5671	BK/AK locking mechanism	745
L5672	Bk removable medial brim sus	446
L5673	Socket insert w lock mech	1,000
L5674	Bk suspension sleeve	107
L5675	Bk heavy duty susp sleeve	146
L5676	Bk knee joints single axis p	542
L5677	Bk knee joints polycentric p	738
L5678	Bk joint covers pair	59
L5679	Socket insert w/o lock mech	834
L5680	Bk thigh lacer non-molded	456
L5681	Intl custm cong/latyp insert	1,770
L5682	Bk thigh lacer glut/ischia m	936
L5683	Initial custom socket insert	1,770
L5684	Bk fork strap	72
L5685	Below knee sus/seal sleeve	172
L5686	Bk back check	76
L5688	Bk waist belt webbing	91
L5690	Bk waist belt padded and lin	146
L5692	Ak pelvic control belt light	199
L5694	Ak pelvic control belt pad/l	272
L5695	Ak sleeve susp neoprene/equa	244
L5696	Ak/knee disartic pelvic join	277
L5697	Ak/knee disartic pelvic band	120
L5698	Ak/knee disartic silesian ba	156
L5699	Shoulder harness	279

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L5700	Replace socket below knee	4,100
L5701	Replace socket above knee	5,090
L5702	Replace socket hip	6,504
L5704	Custom shape cover BK	788
L5705	Custom shape cover AK	1,391
L5706	Custom shape cvr knee disart	1,364
L5707	Custom shape cvr hip disart	1,852
L5710	Knee-shin exo sng axi mnl loc	538
L5711	Knee-shin exo mnl lock ultra	782
L5712	Knee-shin exo frict swg & st	645
L5714	Knee-shin exo variable frict	626
L5716	Knee-shin exo mech stance ph	1,091
L5718	Knee-shin exo frct swg & sta	1,364
L5722	Knee-shin pneum swg frct exo	1,352
L5724	Knee-shin exo fluid swing ph	2,260
L5726	Knee-shin ext jnts fld swg e	2,604
L5728	Knee-shin fluid swg & stance	3,562
L5780	Knee-shin pneum/hydra pneum	1,714
L5781	Lower limb pros vacuum pump	5,382
L5782	HD low limb pros vacuum pump	5,674
L5785	Exoskeletal bk ultralt mater	778
L5790	Exoskeletal ak ultra-light m	1,076
L5795	Exoskel hip ultra-light mate	1,607
L5810	Endoskel knee-shin mnl lock	729
L5811	Endo knee-shin mnl lck ultra	1,092
L5812	Endo knee-shin frct swg & st	846
L5814	Endo knee-shin hydal swg ph	4,995
L5816	Endo knee-shin polyc mch sta	1,273
L5818	Endo knee-shin frct swg & st	1,438
L5822	Endo knee-shin pneum swg frc	2,549
L5824	Endo knee-shin fluid swing p	2,296
L5826	Miniature knee joint	4,227
L5828	Endo knee-shin fluid swg/sta	4,227
L5830	Endo knee-shin pneum/swg pha	2,841
L5840	Multi-axial knee/shin system	5,074
L5845	Knee-shin sys stance flexion	2,411
L5846	Knee-shin sys microprocessor	8,219
L5847	Microprocessor cntrl feature	23,332
L5848	Knee-shin sys hydraul stance	1,446
L5850	Endo ak/hip knee extens assi	192
L5855	Mech hip extension assist	462
L5856	Elec knee-shin swing/stance	32,337
L5857	Elec knee-shin swing only	11,504
L5858	Stance phase only	24,999
L5910	Endo below knee alignable sy	542
L5920	Endo ak/hip alignable system	794

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L5925	Above knee manual lock	503
L5930	High activity knee frame	4,556
L5940	Endo bk ultra-light material	751
L5950	Endo ak ultra-light material	1,165
L5960	Endo hip ultra-light materia	1,443
L5962	Below knee flex cover system	880
L5964	Above knee flex cover system	1,402
L5966	Hip flexible cover system	1,786
L5968	Multiaxial ankle w dorsiflex	4,888
L5970	Foot external keel sach foot	304
L5972	Flexible keel foot	528
L5974	Foot single axis ankle/foot	349
L5975	Combo ankle/foot prosthesis	624
L5976	Energy storing foot	838
L5978	Ft prosth multiaxial ankl/ft	437
L5979	Multi-axial ankle/ft prosth	3,416
L5980	Flex foot system	5,550
L5981	Flex-walk sys low ext prosth	4,312
L5982	Exoskeletal axial rotation u	865
L5984	Endoskeletal axial rotation	853
L5985	Lwr ext dynamic prosth pylon	382
L5986	Multi-axial rotation unit	949
L5987	Shank ft w vert load pylon	9,676
L5988	Vertical shock reducing pylo	2,687
L5989	Pylon w elctrnc force sensor	4,666
L5990	User adjustable heel height	2,440
L5999	Lowr extremity prosthes NOS	763
L6000	Par hand robin-aids thum rem	1,989
L6010	Hand robin-aids little/ring	2,214
L6020	Part hand robin-aids no fing	2,064
L6025	Part hand disart myoelectric	10,764
L6050	Wrst MLd sock flx hng tri pad	2,844
L6055	Wrst mold sock w/exp interfa	3,963
L6100	Elb mold sock flex hinge pad	2,881
L6110	Elbow mold sock suspension t	3,056
L6120	Elbow mold doub splt soc ste	3,561
L6130	Elbow stump activated lock h	3,875
L6200	Elbow mold outsid lock hinge	4,084
L6205	Elbow molded w/ expand inter	5,451
L6250	Elbow inter loc elbow forarm	4,020
L6300	Shlder disart int lock elbow	5,577
L6310	Shoulder passive restor comp	4,543
L6320	Shoulder passive restor cap	2,558
L6350	Thoracic intern lock elbow	5,864
L6360	Thoracic passive restor comp	4,768
L6370	Thoracic passive restor cap	3,041

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L6380	Postop dsg cast chg wrst/elb	1,722
L6382	Postop dsg cast chg elb dis/	2,217
L6384	Postop dsg cast chg shldr/t	2,854
L6386	Postop ea cast chg & realign	601
L6388	Postop applicat rigid dsg on	658
L6400	Below elbow prosth tiss shap	3,474
L6450	Elb disart prosth tiss shap	4,615
L6500	Above elbow prosth tiss shap	4,619
L6550	Shldr disar prosth tiss shap	5,708
L6570	Scap thorac prosth tiss shap	6,552
L6580	Wrist/elbow bowden cable mol	2,340
L6582	Wrist/elbow bowden cbl dir f	2,060
L6584	Elbow fair lead cable molded	3,064
L6586	Elbow fair lead cable dir fo	2,819
L6588	Shldr fair lead cable molded	4,231
L6590	Shldr fair lead cable direct	3,938
L6600	Polycentric hinge pair	281
L6605	Single pivot hinge pair	277
L6610	Flexible metal hinge pair	249
L6615	Disconnect locking wrist uni	260
L6616	Disconnect insert locking wr	97
L6620	Flexion/extension wrist unit	454
L6623	Spring-ass rot wrst w/ latch	960
L6625	Rotation wrst w/ cable lock	796
L6628	Quick disconn hook adapter o	717
L6629	Lamination collar w/ couplin	219
L6630	Stainless steel any wrist	323
L6632	Latex suspension sleeve each	97
L6635	Lift assist for elbow	264
L6637	Nudge control elbow lock	550
L6638	Elec lock on manual pw elbow	3,364
L6640	Shoulder abduction joint pai	419
L6641	Excursion amplifier pulley t	240
L6642	Excursion amplifier lever ty	326
L6645	Shoulder flexion-abduction j	478
L6646	Multipo locking shoulder jnt	4,242
L6647	Shoulder lock actuator	698
L6648	Ext pwrld shldr lock/unlock	4,375
L6650	Shoulder universal joint	507
L6655	Standard control cable extra	112
L6660	Heavy duty control cable	137
L6665	Teflon or equal cable lining	69
L6670	Hook to hand cable adapter	72
L6672	Harness chest/shldr saddle	252
L6675	Harness figure of 8 sing con	180
L6676	Harness figure of 8 dual con	182

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L6680	Test sock wrist disart/bel e	347
L6682	Test sock elbw disart/above	384
L6684	Test socket shldr disart/tho	522
L6686	Suction socket	884
L6687	Frame typ socket bel elbow/w	863
L6688	Frame typ sock above elb/dis	793
L6689	Frame typ socket shoulder di	1,009
L6690	Frame typ sock interscap-tho	1,029
L6691	Removable insert each	517
L6692	Silicone gel insert or equal	837
L6693	Lockingelbow forearm cntrbal	3,819
L6700	Terminal device model #3	777
L6705	Terminal device model #5	456
L6710	Terminal device model #5x	517
L6715	Terminal device model #5xa	513
L6720	Terminal device model #6	1,277
L6725	Terminal device model #7	618
L6730	Terminal device model #7lo	957
L6735	Terminal device model #8	446
L6740	Terminal device model #8x	582
L6745	Terminal device model #88x	532
L6750	Terminal device model #10p	526
L6755	Terminal device model #10x	524
L6765	Terminal device model #12p	548
L6770	Terminal device model #99x	528
L6775	Terminal device model#555	626
L6780	Terminal device model #ss555	669
L6790	Hooks-accu hook or equal	676
L6795	Hooks-2 load or equal	1,853
L6800	Hooks-aprl vc or equal	1,517
L6805	Modifier wrist flexion unit	509
L6806	Trs grip vc or equal	2,175
L6807	Term device grip 1/2 or equal	1,973
L6808	Term device infant or child	1,684
L6809	Trs super sport passive	555
L6810	Pincher tool otto bock or eq	279
L6825	Hands dorrance vo	1,545
L6830	Hand aprl vc	2,027
L6835	Hand sierra vo	1,766
L6840	Hand becker imperial	1,227
L6845	Hand becker lock grip	1,139
L6850	Term dvc-hand becker plylite	1,031
L6855	Hand robin-aids vo	1,312
L6860	Hand robin-aids vo soft	995
L6865	Hand passive hand	487
L6867	Hand detroit infant hand	1,438

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L6868	Passive inf hand steeper/hos	359
L6870	Hand child mitt	356
L6872	Hand nyu child hand	1,410
L6873	Hand mech inf steeper or equ	700
L6875	Hand bock vc	1,164
L6880	Hand bock vo	755
L6881	Autograsp feature ul term dv	5,499
L6882	Microprocessor control uplmb	4,171
L6890	Prefab glove for term device	255
L6895	Custom glove for term device	836
L6900	Hand restorat thumb/1 finger	2,261
L6905	Hand restoration multiple fi	2,198
L6910	Hand restoration no fingers	2,141
L6915	Hand restoration replacmnt g	937
L6920	Wrist disarticul switch ctrl	9,991
L6925	Wrist disart myoelectronic c	11,534
L6930	Below elbow switch control	10,053
L6935	Below elbow myoelectronic ct	11,750
L6940	Elbow disarticulation switch	13,134
L6945	Elbow disart myoelectronic c	15,280
L6950	Above elbow switch control	14,929
L6955	Above elbow myoelectronic ct	17,880
L6960	Shldr disartic switch contro	18,033
L6965	Shldr disartic myoelectronic	21,217
L6970	Interscapular-thor switch ct	21,834
L6975	Interscap-thor myoelectronic	23,923
L7010	Hand otto back steeper/eq sw	5,468
L7015	Hand sys teknik village swit	8,688
L7020	Electronic greifer switch ct	5,094
L7025	Electron hand myoelectronic	5,141
L7030	Hand sys teknik vill myoelec	7,861
L7035	Electron greifer myoelectro	5,265
L7040	Prehensile actuator hosmer s	4,220
L7045	Electron hook child michigan	2,420
L7170	Electronic elbow hosmer swit	8,778
L7180	Electronic elbow sequential	48,903
L7181	Electronic elbo simultaneous	53,895
L7185	Electron elbow adolescent sw	8,889
L7186	Electron elbow child switch	13,242
L7190	Elbow adolescent myoelectron	11,309
L7191	Elbow child myoelectronic ct	13,837
L7260	Electron wrist rotator otto	2,946
L7261	Electron wrist rotator utah	5,363
L7266	Servo control steeper or equ	1,482
L7272	Analogue control unb or equa	3,022
L7274	Proportional ctl 12 volt uta	8,598

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L7360	Six volt bat otto bock/eq ea	340
L7362	Battery chrgr six volt otto	375
L7364	Twelve volt battery utah/equ	597
L7366	Battery chrgr 12 volt utah/e	804
L7367	Replacemnt lithium ionbatter	524
L7368	Lithium ion battery charger	679
L7499	Upper extremity prosthes NOS	164
L7500	Prosthetic dvc repair hourly	82
L7510	Prosthetic device repair rep	65
L7520	Repair prosthesis per 15 min	43
L7900	Male vacuum erection system	721
L8000	Mastectomy bra	55
L8001	Breast prosthesis bra & form	169
L8002	Brst prsth bra & bilat form	222
L8010	Mastectomy sleeve	105
L8015	Ext breastprosthesis garment	81
L8020	Mastectomy form	300
L8030	Breast prosthesis silicone/e	472
L8035	Custom breast prosthesis	4,928
L8040	Nasal prosthesis	3,331
L8041	Midfacial prosthesis	4,016
L8042	Orbital prosthesis	4,512
L8043	Upper facial prosthesis	5,053
L8044	Hemi-facial prosthesis	5,595
L8045	Auricular prosthesis	3,681
L8046	Partial facial prosthesis	3,609
L8047	Nasal septal prosthesis	1,850
L8049	Repair maxillofacial prosth	36
L8100	Compression stocking BK18-30	51
L8110	Compression stocking BK30-40	68
L8120	Compression stocking BK40-50	95
L8130	Gc stocking thighlngh 18-30	70
L8140	Gc stocking thighlngh 30-40	84
L8150	Gc stocking thighlngh 40-50	75
L8160	Gc stocking full lngth 18-30	90
L8170	Gc stocking full lngth 30-40	94
L8180	Gc stocking full lngth 40-50	93
L8190	Gc stocking waistlngth 18-30	196
L8195	Gc stocking waistlngth 30-40	218
L8200	Gc stocking waistlngth 40-50	218
L8210	Gc stocking custom made	159
L8220	Gc stocking lymphedema	44
L8230	Gc stocking garter belt	45
L8300	Truss single w/ standard pad	126
L8310	Truss double w/ standard pad	199
L8320	Truss addition to std pad wa	80

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L8330	Truss add to std pad scrotal	74
L8400	Sheath below knee	24
L8410	Sheath above knee	31
L8415	Sheath upper limb	32
L8417	Pros sheath/sock w gel cushn	101
L8420	Prosthetic sock multi ply BK	29
L8430	Prosthetic sock multi ply AK	33
L8435	Pros sock multi ply upper lm	31
L8440	Shrinker below knee	63
L8460	Shrinker above knee	100
L8465	Shrinker upper limb	73
L8470	Pros sock single ply BK	10
L8480	Pros sock single ply AK	14
L8485	Pros sock single ply upper l	17
L8490	Air seal suction reten systm	223
L8500	Artificial larynx	988
L8501	Tracheostomy speaking valve	181
L8505	Artificial larynx, accessory	45
L8507	Trach-esoph voice pros pt in	56
L8509	Trach-esoph voice pros md in	147
L8510	Voice amplifier	340
L8511	Indwelling trach insert	98
L8512	Gel cap for trach voice pros	3
L8513	Trach pros cleaning device	7
L8514	Repl trach puncture dilator	127
L8515	Gel cap app device for trach	85
L8600	Implant breast silicone/eq	935
L8603	Collagen imp urinary 2.5 ml	590
L8606	Synthetic implnt urinary 1ml	296
L8609	Artificial cornea	8,766
L8610	Ocular implant	876
L8612	Aqueous shunt prosthesis	910
L8613	Ossicular implant	385
L8614	Cochlear device/system	26,017
L8615	Coch implant headset replace	607
L8616	Coch implant microphone repl	141
L8617	Coch implant trans coil repl	123
L8618	Coch implant tran cable repl	35
L8619	Replace cochlear processor	11,168
L8621	Repl zinc air battery	1
L8622	Repl alkaline battery	0
L8623	Lith ion batt CID,non-earlvl	87
L8624	Lith ion batt CID, ear level	217
L8630	Metacarpophalangeal implant	504
L8631	MCP joint repl 2 pc or more	2,960
L8641	Metatarsal joint implant	524

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
L8642	Hallux implant	425
L8658	Interphalangeal joint spacer	457
L8659	Interphalangeal joint repl	2,596
L8670	Vascular graft, synthetic	750
L8680	Implt neurostim elctr each	625
L8681	Pt prgrm for implt neurostim	1,615
L8682	Implt neurostim radiofq rec	8,112
L8683	Radiofq trsmtr for implt neu	7,140
L8684	Radiof trsmtr implt scrll neu	1,019
L8685	Implt nrostm pls gen sng rec	17,793
L8686	Implt nrostm pls gen sng non	11,353
L8687	Implt nrostm pls gen dua rec	23,156
L8688	Implt nrostm pls gen dua non	14,775
L8689	External recharging system	56
M0064	Visit for drug monitoring	28
M0076	Prolotherapy	59
M0300	IV chelationtherapy	142
P2028	Cephalin flocculation test	11
P2038	Blood mucoprotein	10
P3000	Screen pap by tech w md supv	21
P3001	Screening pap smear by phys	33
P7001	Culture bacterial urine	70
P9010	Whole blood for transfusion	158
P9011	Blood split unit	116
P9012	Cryoprecipitate each unit	68
P9016	RBC leukocytes reduced	232
P9017	Plasma 1 donor frz w/in 8 hr	89
P9019	Platelets, each unit	67
P9020	Plaelet rich plasma unit	212
P9021	Red blood cells unit	159
P9022	Washed red blood cells unit	271
P9023	Frozen plasma, pooled, sd	109
P9031	Platelets leukocytes reduced	121
P9032	Platelets, irradiated	124
P9033	Platelets leukoreduced irrad	216
P9034	Platelets, pheresis	613
P9035	Platelet pheres leukoreduced	662
P9036	Platelet pheresis irradiated	467
P9037	Plate pheres leukoredu irrad	822
P9038	RBC irradiated	166
P9039	RBC deglycerolized	416
P9040	RBC leukoreduced irradiated	288
P9041	Albumin (human),5%, 50ml	15
P9043	Plasma protein fract,5%,50ml	20
P9044	Cryoprecipitatereducedplasma	86
P9045	Albumin (human), 5%, 250 ml	266

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
P9046	Albumin (human), 25%, 20 ml	31
P9047	Albumin (human), 25%, 50ml	77
P9048	Plasmaprotein fract,5%,250ml	41
P9050	Granulocytes, pheresis unit	1,426
P9051	Blood, l/r, cmv-neg	235
P9052	Platelets, hla-m, l/r, unit	795
P9053	Plt, pher, l/r cmv-neg, irr	781
P9054	Blood, l/r, froz/degly/wash	376
P9055	Plt, aph/pher, l/r, cmv-neg	667
P9056	Blood, l/r, irradiated	256
P9057	RBC, frz/deg/wsh, l/r, irradi	446
P9058	RBC, l/r, cmv-neg, irradi	383
P9059	Plasma, frz between 8-24hour	104
P9060	Fr frz plasma donor retested	107
P9603	One-way allow prorated miles	1
P9604	One-way allow prorated trip	13
P9612	Catheterize for urine spec	58
P9615	Urine specimen collect mult	4
Q0035	Cardiokymography	39
Q0081	Infusion ther other than che	164
Q0083	Chemo by other than infusion	220
Q0084	Chemotherapy by infusion	365
Q0085	Chemo by both infusion and o	627
Q0086	Physical therapy evaluation/	123
Q0091	Obtaining screen pap smear	30
Q0092	Set up port xray equipment	20
Q0111	Wet mounts/ w preparations	9
Q0112	Potassium hydroxide preps	9
Q0113	Pinworm examinations	11
Q0114	Fern test	14
Q0115	Post-coital mucous exam	20
Q0136	Non esrd epoetin alpha inj	20
Q0137	Darbepoetin alfa, non-esrd	8
Q0144	Azithromycin dihydrate, oral	39
Q0163	Diphenhydramine HCl 50mg	1
Q0164	Prochlorperazine maleate 5mg	1
Q0165	Prochlorperazine maleate 10mg	1
Q0166	Granisetron HCl 1 mg oral	110
Q0167	Dronabinol 2.5mg oral	9
Q0168	Dronabinol 5mg oral	21
Q0169	Promethazine HCl 12.5mg oral	1
Q0170	Promethazine HCl 25 mg oral	1
Q0171	Chlorpromazine HCl 10mg oral	1
Q0172	Chlorpromazine HCl 25mg oral	1
Q0173	Trimethobenzamide HCl 250mg	1
Q0174	Thiethylperazine maleate 10mg	1

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
Q0175	Perphenazine 4mg oral	1
Q0176	Perphenazine 8mg oral	1
Q0177	Hydroxyzine pamoate 25mg	1
Q0178	Hydroxyzine pamoate 50mg	1
Q0179	Ondansetron HCl 8mg oral	127
Q0180	Dolasetron mesylate oral	186
Q0181	Unspecified oral anti-emetic	1
Q0183	Nonmetabolic active tissue	25
Q0184	Metabolically active tissue	25
Q0187	Factor viia recombinant	2,239
Q0480	Driver pneumatic vad, rep	9,175
Q0481	Microprcsr cu elec vad, rep	19,550
Q0482	Microprcsr cu combo vad, rep	6,123
Q0483	Monitor elec vad, rep	25,226
Q0484	Monitor elec or comb vad rep	4,899
Q0485	Monitor cable elec vad, rep	473
Q0486	Mon cable elec/pneum vad rep	394
Q0487	Leads any type vad, rep only	459
Q0489	Pwr pck base combo vad, rep	21,870
Q0490	Emr pwr source elec vad, rep	946
Q0491	Emr pwr source combo vad rep	1,487
Q0492	Emr pwr cbl elec vad, rep	120
Q0493	Emr pwr cbl combo vad, rep	341
Q0494	Emr hd pmp elec/combo, rep	289
Q0495	Charger elec/combo vad, rep	5,620
Q0496	Battery elec/combo vad, rep	2,017
Q0497	Bat clips elec/comb vad, rep	630
Q0498	Holster elec/combo vad, rep	691
Q0499	Belt/vest elec/combo vad rep	225
Q0500	Filters elec/combo vad, rep	41
Q0501	Shwr cov elec/combo vad, rep	687
Q0502	Mobility cart pneum vad, rep	875
Q0503	Battery pneum vad replacemnt	1,750
Q0504	Pwr adpt pneum vad, rep veh	923
Q0513	Disp fee inhal drugs/30 days	46
Q0514	Disp fee inhal drugs/90 days	92
Q0515	Sermorelin acetate injection	2
Q1001	Ntiol category 1	79
Q1002	Ntiol category 2	148
Q2001	Oral cabergoline 0.5 mg	75
Q2002	Elliotts b solution per ml	36
Q2003	Aprotinin, 10,000 kiu	5
Q2004	Bladder calculi irrig sol	63
Q2005	Corticorelin ovine triflutat	938
Q2006	Digoxin immune fab (ovine)	1,407
Q2007	Ethanolamine oleate 100 mg	144

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
Q2008	Fomepizole, 15 mg	2,567
Q2009	Fosphenytoin, 50 mg	7
Q2010	Glatiramer acetate, per dose	64
Q2011	Hemin, per 1 mg	41
Q2012	Pegademase bovine, 25 iu	355
Q2013	Pentastarch 10% solution	54
Q2014	Sermorelin acetate, 0.5 mg	40
Q2017	Teniposide, 50 mg	373
Q2018	Urofollitropin, 75 iu	238
Q2019	Basiliximab	3,625
Q2020	Histrelin acetate	51
Q2021	Lepirudin	332
Q2022	VonWillebrandFactrCmplxperIU	1
Q3000	Rubidium RB-82	747
Q3001	Brachytherapy Radioelements	83
Q3002	Gallium ga 67	56
Q3003	Technetium tc99m bicsate	1,471
Q3004	Xenon xe 133	94
Q3005	Technetium tc99m mertiatide	414
Q3006	Technetium tc99m glucepatate	80
Q3007	Sodium phosphate p32	261
Q3008	Indium 111-in pentetretotide	999
Q3009	Technetium tc99m oxidronate	77
Q3010	Technetium tc99mlabeledrbcs	29
Q3011	Chromic phosphate p32	483
Q3014	Telehealth facility fee	31
Q3019	ALS emer trans no ALS serv	484
Q3020	ALS nonemer trans no ALS ser	302
Q3025	IM inj interferon beta 1-a	138
Q3026	Subc inj interferon beta-1a	49
Q3030	Sodium hyaluronate 20-25 mg	89
Q3031	Collagen skin test	70
Q4001	Cast sup body cast plaster	55
Q4002	Cast sup body cast fiberglas	208
Q4003	Cast sup shoulder cast plstr	39
Q4004	Cast sup shoulder cast fbrgl	137
Q4005	Cast sup long arm adult plst	15
Q4006	Cast sup long arm adult fbrg	33
Q4007	Cast sup long arm ped plster	7
Q4008	Cast sup long arm ped fbrgls	16
Q4009	Cast sup sht arm adult plstr	10
Q4010	Cast sup sht arm adult fbrgl	22
Q4011	Cast sup sht arm ped plaster	5
Q4012	Cast sup sht arm ped fbrglas	11
Q4013	Cast sup gauntlet plaster	18
Q4014	Cast sup gauntlet fiberglass	30

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
Q4015	Cast sup gauntlet ped plster	9
Q4016	Cast sup gauntlet ped fbrgls	15
Q4017	Cast sup lng arm splint plst	10
Q4018	Cast sup lng arm splint fbrg	16
Q4019	Cast sup lng arm splnt ped p	5
Q4020	Cast sup lng arm splnt ped f	8
Q4021	Cast sup sht arm splint plst	8
Q4022	Cast sup sht arm splint fbrg	14
Q4023	Cast sup sht arm splnt ped p	4
Q4024	Cast sup sht arm splnt ped f	7
Q4025	Cast sup hip spica plaster	42
Q4026	Cast sup hip spica fiberglass	132
Q4027	Cast sup hip spica ped plstr	21
Q4028	Cast sup hip spica ped fbrgl	66
Q4029	Cast sup long leg plaster	32
Q4030	Cast sup long leg fiberglass	85
Q4031	Cast sup lng leg ped plaster	16
Q4032	Cast sup lng leg ped fbrgls	43
Q4033	Cast sup lng leg cylinder pl	30
Q4034	Cast sup lng leg cylinder fb	75
Q4035	Cast sup lngleg cylndr ped p	15
Q4036	Cast sup lngleg cylndr ped f	38
Q4037	Cast sup shrt leg plaster	18
Q4038	Cast sup shrt leg fiberglass	46
Q4039	Cast sup shrt leg ped plster	9
Q4040	Cast sup shrt leg ped fbrgls	23
Q4041	Cast sup lng leg splnt plstr	22
Q4042	Cast sup lng leg splnt fbrgl	38
Q4043	Cast sup lng leg splnt ped p	11
Q4044	Cast sup lng leg splnt ped f	19
Q4045	Cast sup sht leg splnt plstr	13
Q4046	Cast sup sht leg splnt fbrgl	21
Q4047	Cast sup sht leg splnt ped p	7
Q4048	Cast sup sht leg splnt ped f	10
Q4049	Finger splint, static	2
Q4052	Octreotide injection, depot	130
Q4053	Pegfilgrastim, 1 mg	733
Q4054	Darbepoetin alfa, esrd use	8
Q4055	Epoetin alfa, esrd use	28
Q4075	Acyclovir, 5 mg	1
Q4076	Dopamine hcl, 40 mg	1
Q4077	Treprostinil, 1 mg	58
Q4079	Natalizumab injection	9
Q4080	Iloprost inhalation solution	44
Q9920	Epoetin with hct < = 20	26
Q9921	Epoetin with hct = 21	31

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
Q9922	Epoetin with hct = 22	38
Q9923	Epoetin with hct = 23	30
Q9924	Epoetin with hct = 24	44
Q9925	Epoetin with hct = 25	31
Q9926	Epoetin with hct = 26	31
Q9927	Epoetin with hct = 27	31
Q9928	Epoetin with hct = 28	31
Q9929	Epoetin with hct = 29	31
Q9930	Epoetin with hct = 30	30
Q9931	Epoetin with hct = 31	31
Q9932	Epoetin with hct = 32	30
Q9933	Epoetin with hct = 33	31
Q9934	Epoetin with hct = 34	31
Q9935	Epoetin with hct = 35	31
Q9936	Epoetin with hct = 36	31
Q9937	Epoetin with hct = 37	31
Q9938	Epoetin with hct = 38	30
Q9939	Epoetin with hct = 39	30
Q9940	Epoetin with hct >= 40	30
Q9945	LOCM <= 149 mg/ml iodine, 1ml	0
Q9946	LOCM 150-199mg/ml iodine, 1ml	3
Q9947	LOCM 200-249mg/ml iodine, 1ml	2
Q9948	LOCM 250-299mg/ml iodine, 1ml	0
Q9949	LOCM 300-349mg/ml iodine, 1ml	0
Q9950	LOCM 350-399mg/ml iodine, 1ml	0
Q9952	Inj Gad-base MR contrast, 1ml	4
Q9953	Inj Fe-based MR contrast, 1ml	43
Q9954	Oral MR contrast, 100 ml	13
Q9955	Inj perflexane lip micros, ml	19
Q9956	Inj octafluoropropane mic, ml	58
Q9957	Inj perflutren lip micros, ml	87
R0070	Transport portable x-ray	250
R0075	Transport port x-ray multipl	88
R0076	Transport portable EKG	297
S0009	Injection, butorphanol tartr	23
S0012	Butorphanol tartrate, nasal	218
S0014	Tacrine hydrochloride, 10 mg	3
S0016	Injection, amikacin sulfate	74
S0017	Injection, aminocaproic acid	5
S0020	Injection, bupivacaine hydro	13
S0023	Injection, cimetidine hydroc	11
S0028	Injection, famotidine, 20 mg	13
S0030	Injection, metronidazole	39
S0032	Injection, nafcillin sodium	16
S0034	Injection, ofloxacin, 400 mg	159
S0039	Injection, sulfamethoxazole	26

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
S0040	Injection, ticarcillin disod	53
S0071	Injection, acyclovir sodium	6
S0072	Injection, amikacin sulfate	73
S0073	Injection, aztreonam, 500 mg	39
S0074	Injection, cefotetan disodiu	19
S0077	Injection, clindamycin phosp	20
S0078	Injection, fosphenytoin sodi	325
S0079	Octreotide 100 mcg	39
S0080	Injection, pentamidine iseth	220
S0081	Injection, piperacillin sodi	4
S0085	injection, gatifloxacin	44
S0087	Alemtuzumab 30 mg	3,866
S0088	Imatinib 100 mg	28
S0090	Sildenafil citrate, 25 mg	23
S0091	Granisetron 1mg	495
S0092	Hydromorphone 250 mg	226
S0093	Morphine 500 mg	26
S0106	Bupropion HCL SR 60 tablets	268
S0107	Inj, omalizumab 25 mg	111
S0108	Mercaptopurine 50 mg	10
S0112	Inj darbepoetin	127
S0114	Inj treprostinil 0.5 mg	42
S0115	Bortezomib 3.5 mg	4,900
S0116	Bevacizumab 100 mg	1,251
S0122	Inj menotropins 75 iu	163
S0126	Inj follitropin alfa 75 iu	216
S0128	Inj follitropin beta 75 iu	211
S0130	Inj c gonadotropin 5000 iu	45
S0132	Inj ganirelix acetat 250 mcg	183
S0155	Epoprostenol dilutant	26
S0156	Exemestane, 25 mg	19
S0159	Injection agalsidase	5,948
S0163	Injection risperidoneLA	187
S0170	Anastrozole 1 mg	16
S0171	Bumetanide 0.5 mg	4
S0172	Chlorambucil 2 mg	4
S0173	Dexamethasone 4 mg	3
S0174	Dolasetron 50 mg	163
S0175	Flutamide 125 mg	5
S0176	Hydroxyurea 500 mg	3
S0177	Levamisole 50 mg	16
S0178	Lomustine 10 mg	16
S0179	Megestrol 20 mg	1
S0181	Ondansetron 4 mg	43
S0182	Procarbazine 5 mg	1
S0183	Prochlorperazine 5 mg	1

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
S0187	Tamoxifen 10 mg	5
S0189	Testosterone pellet 75 mg	42
S0190	Mifepristone, oral, 200 mg	196
S0191	Misoprostol, oral, 200 mcg	6
S0199	Med abortion inc all ex drug	1,098
S0208	Paramed intrcept nonvol	638
S0209	WC van mileage per mi	3
S0215	Nonemerg transp mileage	3
S0302	Completed EPSDT	75
S0316	Follow-up/reassessment	119
S0317	Disease mgmt per diem	630
S0395	Impression casting ft	79
S0500	Dispos cont lens	104
S0512	Daily cont lens	28
S0580	Polycarb lens	48
S0581	Nonstnd lens	98
S0592	Comp cont lens eval	70
S0605	Digital rectal examination,	35
S0610	Annual gynecological examina	188
S0612	Annual gynecological examina	142
S0620	Routine ophthalmological exa	88
S0621	Routine ophthalmological exa	102
S0630	Removal of sutures	79
S0800	Laser in situ keratomileusis	2,188
S0820	Computerized corneal topogra	157
S0830	Ultrasound pachymetry	94
S1001	Deluxe item	56
S1015	IV tubing extension set	41
S1016	Non-pvc intravenous administ	70
S1040	Cranial remolding orthosis	3,500
S2082	Lap adjustable gastric band	10,518
S2083	Adjustment gastric band	350
S2085	Laparoscop gastric bypass	10,500
S2130	Endo RF ablation saph vein	4,354
S2140	Cord blood harvesting	280
S2260	Induced abortion 17-24 weeks	2,100
S2342	Nasal endoscop po debrid	98
S2405	Fetal surg sacrococ teratoma	12
S3600	Stat lab	43
S3620	Newborn metabolic screening	48
S3820	Comp BRCA1/BRCA2	4,165
S3822	Sing mutation brst/ovar	490
S3823	3 mutation brst/ovar	581
S3830	Gene test HNPCC comp	2,730
S3835	Gene test cystic fibrosis	423
S4011	IVF package	8,400

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
S4015	Complete IVF nos case rate	9,800
S4016	Frozen IVF case rate	2,800
S4022	Asst oocyte fert case rate	2,800
S4993	Contraceptive pills for bc	38
S5000	Prescription drug, generic	9
S5001	Prescription drug,brand name	21
S5010	5% dextrose and 0.45% saline	24
S5011	5% dextrose in lactated ring	9
S5013	5%dextrose/0.45%saline1000ml	0
S5035	HIT routine device maint	24
S5100	Adult daycare services 15min	2
S5101	Adult day care per half day	18
S5102	Adult day care per diem	3
S5105	Centerbased day care per diem	18
S5109	Homecare train pt session	3
S5110	Family homecare training 15m	14
S5120	Chore services per 15 min	9
S5121	Chore services per diem	13
S5125	Attendant care service /15m	14
S5126	Attendant care service /diem	13
S5130	Homaker service nos per 15m	4
S5135	Adult companioncare per 15m	7
S5140	Adult foster care per diem	85
S5145	Child fostercare th per diem	234
S5150	Unskilled respite care /15m	4
S5151	Unskilled respitecare /diem	13
S5161	Emer rspns sys serv permonth	42
S5165	Home modifications per serv	186
S5170	Homedelivered prepared meal	7
S5498	HIT simple cath care	24
S5501	HIT complex cath care	36
S5502	HIT interim cath care	19
S5517	HIT declotting kit	105
S5520	HIT picc insert kit	126
S5521	HIT midline cath insert kit	74
S5522	HIT picc insert no supp	245
S5523	HIP midline cath insert kit	210
S8075	CAD of digital mammogr	45
S8085	Fluorine-18 fluorodeoxygluco	745
S8092	Electron beam computed tomog	776
S8095	Wig (for medically-induced h	627
S8096	Portable peak flow meter	39
S8100	Spacer without mask	53
S8101	Spacer with mask	150
S8105	Oximeter for measuring blood	487
S8110	Peak expiratory flow rate (p	24

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
S8120	O2 contents gas cubic ft	2
S8121	O2 contents liquid lb	3
S8180	Trach shower protector	2
S8181	Trach tube holder	9
S8183	Humidifier dual servo	420
S8186	Swivel adaptor	53
S8189	Trach supply noc	28
S8260	Oral orthotic for treatment	1,717
S8262	Mandib ortho repos device	1,103
S8401	Child-size diaper	1
S8403	Adult-size pull-up brief	1
S8404	Child-size pull-up brief	3
S8405	Incontinence liners, each	1
S8423	Custom grad sleeve heavy	249
S8426	Custom grad glove heavy	273
S8428	Ready gradient gauntlet	65
S8429	Gradient pressure wrap	26
S8430	Padding for comprssn bdg	22
S8431	Compression bandage	14
S8450	Splint digit	28
S8451	Splint wrist or ankle	44
S8452	Splint elbow	42
S8490	100 insulin syringes	1
S8948	Low-level laser trmt 15 min	84
S8999	Resuscitation bag	89
S9001	Home uterine monitor with or	157
S9015	Automated EEG monitoring	137
S9061	Medical supplies and equipme	57
S9083	Urgent care center global	167
S9088	Services provided in urgent	142
S9090	Vertebral axial decompressio	102
S9092	Canolith repositioning	105
S9098	Home phototherapy visit	200
S9109	CHF telemonitoring month	420
S9122	Home health aide or certifie	28
S9123	Nursing care in home RN	61
S9124	Nursing care, in the home; b	70
S9126	Hospice care, in the home, p	226
S9127	Social work visit, in the ho	314
S9128	Speech therapy, in the home,	154
S9129	Occupational therapy, in the	199
S9131	PT in the home per diem	201
S9140	Diabetic Management Program,	48
S9208	Home mgmt preterm labor	287
S9211	Home mgmt gest hypertension	119
S9213	Hm preeclamp per diem	19

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
S9214	Hm gest dm per diem	420
S9325	HIT pain mgmt per diem	369
S9326	HIT cont pain per diem	159
S9327	HIT int pain per diem	179
S9328	HIT pain imp pump diem	91
S9329	HIT chemo per diem	337
S9330	HIT cont chem diem	142
S9331	HIT intermit chemo diem	384
S9336	HIT cont anticoag diem	287
S9338	HIT immunotherapy diem	198
S9339	HIT periton dialysis diem	599
S9340	HIT enteral per diem	51
S9341	HIT enteral grav diem	82
S9342	HIT enteral pump diem	48
S9343	HIT enteral bolus nurs	18
S9345	HIT anti-hemophil diem	48
S9346	HIT alpha-1-proteinase diem	164
S9347	HIT longterm infusion diem	102
S9348	HIT sympathomim diem	126
S9349	HIT tocolysis diem	314
S9351	HIT cont antiemetic diem	280
S9353	HIT cont insulin diem	588
S9355	HIT chelation diem	8
S9357	HIT enzyme replace diem	91
S9359	HIT anti-tnf per diem	252
S9361	HIT diuretic infus diem	336
S9363	HIT anti-spasmodic diem	225
S9364	HIT tpn total diem	1,020
S9365	HIT tpn 1 liter diem	1,020
S9366	HIT tpn 2 liter diem	1,020
S9367	HIT tpn 3 liter diem	714
S9368	HIT tpn over 3l diem	403
S9370	HT inj antiemetic diem	447
S9372	HT inj anticoag diem	41
S9373	HIT hydra total diem	256
S9374	HIT hydra 1 liter diem	157
S9375	HIT hydra 2 liter diem	41
S9376	HIT hydra 3 liter diem	572
S9377	HIT hydra over 3l diem	18
S9401	Anticoag clinic per session	81
S9430	Pharmacy comp/disp serv	94
S9435	Medical foods for inborn err	18
S9436	Lamaze class	210
S9442	Birthing class	35
S9443	Lactation class	75
S9451	Exercise class	14

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
S9455	Diabetic Management Program,	69
S9460	Diabetic Management Program,	118
S9465	Diabetic Management Program,	49
S9470	Nutritional counseling, diet	74
S9473	Pulmonary rehabilitation pro	67
S9474	Enterostomal therapy by a re	136
S9475	Ambulatory setting substance	168
S9480	Intensive outpatient psychia	236
S9484	Crisis intervention per hour	156
S9485	Crisis intervention mental h	385
S9490	HIT corticosteroid/diem	238
S9494	HIT antibiotic total diem	18
S9497	HIT antibiotic q3h diem	346
S9500	HIT antibiotic q24h diem	218
S9501	HIT antibiotic q12h diem	282
S9502	HIT antibiotic q8h diem	314
S9503	HIT antibiotic q6h diem	489
S9504	HIT antibiotic q4h diem	395
S9524	Nursing services related to	149
S9529	Venipuncture home/snf	236
S9537	HT hem horm inj diem	104
S9538	HIT blood products diem	385
S9543	Administration of medication	125
S9558	HT inj growth horm diem	6
S9559	HIT inj interferon diem	196
S9560	HT inj hormone diem	490
S9562	HT inj palivizumab diem	154
S9590	HT irrigation diem	60
S9800	HT rn per hour	63
S9802	HT nursing visit	182
S9803	HT nursing addl hr	83
S9900	Christian Sci Pract visit	22
S9975	Transplant related per diem	68
S9981	Med record copy admin	41
S9982	Med record copy per page	1
S9986	Not medically necessary svc	53
S9992	Transportation costs to and	36
S9994	Lodging costs (e.g. hotel ch	94
T1000	Private duty/independent nsg	16
T1001	Nursing assessment/evaluatn	46
T1002	RN services up to 15 minutes	24
T1003	LPN/LVN services up to 15min	12
T1004	Nsg aide service up to 15min	10
T1005	Respite care service 15 min	2
T1006	Family/Couple Counseling	118
T1008	Day Treatment for Individual	282

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
T1010	Meals when Receive Services	17
T1013	Sign Lang/Oral Interpreter	129
T1014	Telehealth transmit, per min	6
T1015	Clinic service	16
T1016	Case management	35
T1017	Targeted case management	41
T1019	Personal care ser per 15 min	4
T1020	Personal care ser per diem	42
T1021	HH Aide or cn aide per visit	10
T1023	Program intake assessment	30
T1024	Team evaluation & management	34
T1027	Family training & counseling	10
T1030	RN home care per diem	147
T1031	LPN home care per diem	11
T1999	NOC retail items andsupplies	9
T2001	N-et; patient attend/escort	4
T2002	N-et; per diem	7
T2003	N-et; encounter/trip	17
T2005	N-et; stretcher van	56
T2006	Amb response & trt, no trans	140
T2014	Habil prevoc waiver, per d	158
T2016	Habil res waiver per diem	103
T2020	Day habil waiver per diem	199
T2021	Day habil waiver per 15 min	101
T2022	Case management, per month	474
T2023	Targeted case mgmt per month	756
T2027	Spec childcare waiver 15 min	202
T2030	Assist living waiver/month	111
T2031	Assist living waiver/diem	58
T2033	Res, nos waiver per diem	196
T2042	Hospice routine home care	182
T2045	Hospice general care	980
T2046	Hospice long term care, r&b	225
T2048	Bh ltc res r&b, per diem	80
T2049	N-ET; stretcher van, mileage	3
T4521	Adult size brief/diaper sm	2
T4522	Adult size brief/diaper med	2
T4523	Adult size brief/diaper lg	22
T4524	Adult size brief/diaper xl	22
T4526	Adult size pull-on med	1
T4527	Adult size pull-on lg	1
T4528	Adult size pull-on xl	48
T4529	Ped size brief/diaper sm/med	1
T4530	Ped size brief/diaper lg	2
T4532	Ped size pull-on lg	1
T4533	Youth size brief/diaper	1

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
T4535	Disposable liner/shield/pad	0
T4536	Reusable pull-on any size	39
T4541	Large disposable underpad	1
T5999	Supply, nos	7
V2020	Vision svcs frames purchases	94
V2025	Eyeglasses delux frames	157
V2100	Lens sphr single plano 4.00	59
V2101	Single visn sphere 4.12-7.00	62
V2102	Singl visn sphere 7.12-20.00	87
V2103	Spherocylindr 4.00d/12-2.00d	51
V2104	Spherocylindr 4.00d/2.12-4d	56
V2105	Spherocylinder 4.00d/4.25-6d	61
V2106	Spherocylinder 4.00d/> 6.00d	68
V2107	Spherocylinder 4.25d/12-2d	65
V2108	Spherocylinder 4.25d/2.12-4d	67
V2109	Spherocylinder 4.25d/4.25-6d	74
V2110	Spherocylinder 4.25d/over 6d	73
V2111	Spherocylindr 7.25d/.25-2.25	76
V2112	Spherocylindr 7.25d/2.25-4d	83
V2113	Spherocylindr 7.25d/4.25-6d	94
V2114	Spherocylinder over 12.00d	102
V2115	Lens lenticular bifocal	111
V2116	Nonaspheric lens bifocal	110
V2117	Aspheric lens bifocal	128
V2118	Lens aniseikonic single	110
V2121	Lenticular lens, single	113
V2199	Lens single vision not oth c	177
V2200	Lens sphr bifoc plano 4.00d	77
V2201	Lens sphere bifocal 4.12-7.0	84
V2202	Lens sphere bifocal 7.12-20.	98
V2203	Lens sphcyl bifocal 4.00d/.1	77
V2204	Lens sphcy bifocal 4.00d/2.1	81
V2205	Lens sphcy bifocal 4.00d/4.2	88
V2206	Lens sphcy bifocal 4.00d/ove	94
V2207	Lens sphcy bifocal 4.25-7d/.	86
V2208	Lens sphcy bifocal 4.25-7/2.	90
V2209	Lens sphcy bifocal 4.25-7/4.	97
V2210	Lens sphcy bifocal 4.25-7/ov	107
V2211	Lens sphcy bifo 7.25-12/.25-	111
V2212	Lens sphcyl bifo 7.25-12/2.2	114
V2213	Lens sphcyl bifo 7.25-12/4.2	115
V2214	Lens sphcyl bifocal over 12.	125
V2215	Lens lenticular bifocal	127
V2216	Lens lenticular nonaspheric	154
V2217	Lens lenticular aspheric bif	146
V2218	Lens aniseikonic bifocal	151

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
V2219	Lens bifocal seg width over	67
V2220	Lens bifocal add over 3.25d	54
V2221	Lenticular lens, bifocal	132
V2299	Lens bifocal speciality	129
V2300	Lens sphere trifocal 4.00d	98
V2301	Lens sphere trifocal 4.12-7.	115
V2302	Lens sphere trifocal 7.12-20	123
V2303	Lens sphcy trifocal 4.0/.12-	96
V2304	Lens sphcy trifocal 4.0/2.25	101
V2305	Lens sphcy trifocal 4.0/4.25	117
V2306	Lens sphcyl trifocal 4.00/> 6	120
V2307	Lens sphcy trifocal 4.25-7/.	114
V2308	Lens sphc trifocal 4.25-7/2.	119
V2309	Lens sphc trifocal 4.25-7/4.	130
V2310	Lens sphc trifocal 4.25-7/> 6	128
V2311	Lens sphc trifo 7.25-12/.25-	133
V2312	Lens sphc trifo 7.25-12/2.25	134
V2313	Lens sphc trifo 7.25-12/4.25	150
V2314	Lens sphcyl trifocal over 12	161
V2315	Lens lenticular trifocal	179
V2316	Lens lenticular nonaspheric	188
V2317	Lens lenticular aspheric tri	202
V2318	Lens aniseikonic trifocal	220
V2319	Lens trifocal seg width > 28	74
V2320	Lens trifocal add over 3.25d	78
V2321	Lenticular lens, trifocal	176
V2399	Lens trifocal speciality	157
V2410	Lens variab asphericity sing	134
V2430	Lens variable asphericity bi	162
V2499	Variable asphericity lens	79
V2500	Contact lens pmma spherical	122
V2501	Cntct lens pmma-toric/prism	185
V2502	Contact lens pmma bifocal	228
V2503	Cntct lens pmma color vision	210
V2510	Cntct gas permeable sphericl	166
V2511	Cntct toric prism ballast	239
V2512	Cntct lens gas permbl bifocl	282
V2513	Contact lens extended wear	237
V2520	Contact lens hydrophilic	156
V2521	Cntct lens hydrophilic toric	272
V2522	Cntct lens hydrophil bifocl	265
V2523	Cntct lens hydrophil extend	225
V2530	Contact lens gas impermeable	334
V2531	Contact lens gas permeable	733
V2599	Contact lens/es other type	66
V2600	Hand held low vision aids	140

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
V2610	Single lens spectacle mount	393
V2623	Plastic eye prosth custom	1,344
V2624	Polishing artificial eye	91
V2625	Enlargemnt of eye prosthesis	554
V2626	Reduction of eye prosthesis	299
V2627	Scleral cover shell	1,929
V2628	Fabrication & fitting	455
V2629	Prosthetic eye other type	819
V2630	Anter chamber intraocul lens	216
V2632	Post chmbr intraocular lens	666
V2700	Balance lens	66
V2710	Glass/plastic slab off prism	96
V2715	Prism lens/es	17
V2718	Fresnell prism press-on lens	43
V2730	Special base curve	32
V2740	Rose tint plastic	18
V2741	Non-rose tint plastic	16
V2742	Rose tint glass	16
V2743	Non-rose tint glass	21
V2744	Tint photochromatic lens/es	25
V2745	Tint, any color/solid/grad	15
V2750	Anti-reflective coating	29
V2755	UV lens/es	25
V2756	Eye glass case	7
V2760	Scratch resistant coating	24
V2762	Polarization, any lens	80
V2770	Occluder lens/es	29
V2780	Oversize lens/es	19
V2781	Progressive lens per lens	153
V2782	Lens, 1.54-1.65 p/1.60-1.79g	87
V2783	Lens, > = 1.66 p/> = 1.80 g	98
V2784	Lens polycarb or equal	63
V2785	Corneal tissue processing	3,579
V2786	Occupational multifocal lens	69
V2797	Vis item/svc in other code	35
V5008	Hearing screening	41
V5010	Assessment for hearing aid	172
V5011	Hearing aid fitting/checking	176
V5014	Hearing aid repair/modifying	275
V5020	Conformity evaluation	118
V5030	Body-worn hearing aid air	2,208
V5040	Body-worn hearing aid bone	1,392
V5050	Hearing aid monaural in ear	1,628
V5060	Behind ear hearing aid	1,481
V5070	Glasses air conduction	748
V5080	Glasses bone conduction	1,878

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
V5090	Hearing aid dispensing fee	470
V5100	Body-worn bilat hearing aid	2,978
V5110	Hearing aid dispensing fee	627
V5120	Body-worn binaur hearing aid	2,634
V5130	In ear binaural hearing aid	2,708
V5140	Behind ear binaur hearing ai	2,509
V5150	Glasses binaural hearing aid	3,112
V5160	Dispensing fee binaural	549
V5170	Within ear cros hearing aid	2,164
V5180	Behind ear cros hearing aid	1,831
V5190	Glasses cros hearing aid	2,141
V5200	Cros hearing aid dispens fee	672
V5210	In ear bicros hearing aid	2,352
V5220	Behind ear bicros hearing ai	2,259
V5230	Glasses bicros hearing aid	2,337
V5240	Dispensing fee bicros	697
V5241	Dispensing fee, monaural	549
V5242	Hearing aid, monaural, cic	2,100
V5243	Hearing aid, monaural, itc	1,293
V5245	Hearing aid, prog, mon, itc	2,462
V5246	Hearing aid, prog, mon, ite	2,195
V5247	Hearing aid, prog, mon, bte	2,352
V5249	Hearing aid, binaural, itc	2,036
V5250	Hearing aid, prog, bin, cic	5,488
V5251	Hearing aid, prog, bin, itc	3,934
V5252	Hearing aid, prog, bin, ite	6,177
V5253	Hearing aid, prog, bin, bte	3,694
V5254	Hearing id, digit, mon, cic	4,226
V5255	Hearing aid, digit, mon, itc	3,224
V5256	Hearing aid, digit, mon, ite	2,776
V5257	Hearing aid, digit, mon, bte	3,192
V5258	Hearing aid, digit, bin, cic	6,177
V5259	Hearing aid, digit, bin, itc	5,488
V5260	Hearing aid, digit, bin, ite	5,174
V5261	Hearing aid, digit, bin, bte	3,920
V5264	Ear mold/insert	79
V5265	Ear mold/insert, disp	140
V5266	Battery for hearing device	3
V5267	Hearing aid supply/accessory	29
V5275	Ear impression	48
V5298	Hearing aid noc	3,139
00100	ANESTH, SALIVARY GLAND	26
00102	ANESTH, REPAIR CLEFT LIP	26
00103	ANESTH, BLEPHAROPLASTY	26
00104	ANESTH, ELECTROSHOCK	26
00120	ANESTH, EAR SURGERY	26

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
00124	ANESTH, EAR EXAM	26
00126	ANESTH, TYMPANOTOMY	26
00140	ANESTH, PROCEDURES ON EYE	26
00142	ANESTH, LENS SURGERY	26
00144	ANESTH, CORNEAL TRANSPLANT	26
00145	ANESTH, VITREORETINAL SURG	26
00147	ANESTH, IRIDECTOMY	26
00148	ANESTH, EYE EXAM	26
00160	ANESTH, NOSE/SINUS SURGERY	26
00162	ANESTH, NOSE/SINUS SURGERY	26
00164	ANESTH, BIOPSY NOSE	26
00170	ANESTH, PROCEDURE ON MOUTH	26
00172	ANESTH, CLEFT PALATE REPAIR	26
00174	ANESTH, PHARYNGEAL SURGERY	26
00176	ANESTH, PHARYNGEAL SURGERY	26
00190	ANESTH, FACE/SKULL BONE SUR	26
00192	ANESTH, FACIAL BONE SURGERY	26
00210	ANESTH, OPEN HEAD SURGERY	26
00212	ANESTH, SKULL DRAIN	26
00214	ANESTH, SKULL DRAIN	26
00215	ANESTH, SKULL REPAIR/FRACT	26
00216	ANESTH, HEAD VESSEL SURGERY	26
00218	ANESTH, SPECIAL HEAD SURGER	26
00220	ANESTH, INTRCRN NERVE	26
00222	ANESTH, HEAD NERVE SURGERY	26
00300	ANESTH, HEAD/NECK/PTRUNK	26
00320	ANESTH, NECK ORGAN, 1 & OVE	26
00322	ANESTH, BIOPSY THYROID	26
00326	ANESTH, LARYNX/TRACH, < 1 Y	26
00350	ANESTH, NECK VESSEL SURGERY	26
00352	ANESTH, NECK VESSEL SURGERY	26
00400	ANESTH, SKIN, EXT/PER/ATRUNK	47
00402	ANESTH, SURGERY BREAST	26
00404	ANESTH, SURGERY BREAST	26
00406	ANESTH, SURGERY BREAST	26
00410	ANESTH, CORRECT HEART RHYTH	26
00450	ANESTH, SURGERY SHOULDER	26
00452	ANESTH, SURGERY SHOULDER	26
00454	ANESTH, COLLAR BONE BIOPSY	26
00470	ANESTH, REMOVE RIB	26
00472	ANESTH, CHEST WALL REPAIR	26
00474	ANESTH, SURGERY RIB(S)	26
00500	ANESTH, ESOPHAGEAL SURGERY	26
00520	ANESTH, CHEST PROCEDURE	26
00522	ANESTH, CHEST LINING BIOPSY	26
00524	ANESTH, CHEST DRAIN	26

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
00528	ANESTH, CHEST PARTITION VIE	26
00529	ANESTH, CHEST PARTITION VIE	26
00530	ANESTH, PACEMAKER INSERT	26
00532	ANESTH, VASCULAR ACCESS	26
00534	ANESTH, CARDIOVERTER/DEFIB	26
00537	ANESTH, CARDIAC ELECTROPHYS	26
00539	ANESTH, TRACH-BRONCH RECONS	26
00540	ANESTH, CHEST SURGERY	26
00541	ANESTH, ONE LUNG VENTILATIO	26
00542	ANESTH, RELEASE LUNG	26
00546	ANESTH, LUNG, CHEST WALL SU	26
00548	ANESTH, TRACHEA, BRONCHI SU	26
00550	ANESTH, STERNAL DEBRIDEMENT	26
00560	ANESTH, HEART SURG W/O PUMP	26
00561	ANESTH, HEART SURG < AGE 1	26
00562	ANESTH, HEART SURG W/PUMP	26
00563	ANESTH, HEART SURG W/ARREST	26
00566	ANESTH, CABG W/O PUMP	26
00580	ANESTH, HEART/LUNG TRANSPLN	26
00600	ANESTH, SPINE, CORD SURGERY	26
00604	ANESTH, SITTING PROCEDURE	26
00620	ANESTH, SPINE, CORD SURGERY	26
00622	ANESTH, REMOVE NERVES	26
00630	ANESTH, SPINE, CORD SURGERY	26
00632	ANESTH, REMOVE NERVES	26
00634	ANESTH, CHEMONUCLEOLYSIS	26
00635	ANESTH, LUMBAR PUNCTURE	26
00640	ANESTH, SPINE MANIPULATION	26
00670	ANESTH, SPINE, CORD SURGERY	26
00700	ANESTH, ABDOMINAL WALL SURG	26
00702	ANESTH, FOR LIVER BIOPSY	26
0073T	DELIVERY, COMP IMRT	1,115
00730	ANESTH, ABDOMINAL WALL SURG	26
00740	ANESTH, UPPER GI VISUALIZE	26
00750	ANESTH, REPAIR HERNIA	26
00752	ANESTH, REPAIR HERNIA	26
00754	ANESTH, REPAIR HERNIA	26
00756	ANESTH, REPAIR HERNIA	26
00770	ANESTH, BLOOD VESSEL REPAIR	26
00790	ANESTH, SURG UPPER ABDOMEN	26
00792	ANESTH, HEMORR/EXCISE LIVER	26
00794	ANESTH, PANCREAS REMOVE	26
00796	ANESTH, FOR LIVER TRANSPLAN	26
00797	ANESTH, SURGERY FOR OBESITY	26
00800	ANESTH, ABDOMINAL WALL SURG	26
00802	ANESTH, FAT LAYER REMOVE	26

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
00810	ANESTH, LOW INTESTINE SCOPE	26
00820	ANESTH, ABDOMINAL WALL SURG	26
00830	ANESTH, REPAIR HERNIA	26
00832	ANESTH, REPAIR HERNIA	26
00834	ANESTH, HERNIA REPAIR < 1 YR	26
00836	ANESTH, HERNIA REPAIR PREEM	26
00840	ANESTH, SURG LOWER ABDOMEN	95
00842	ANESTH, AMNIOCENTESIS	26
00844	ANESTH, PELVIS SURGERY	26
00846	ANESTH, HYSTERECTOMY	26
00848	ANESTH, PELVIC ORGAN SURG	26
00851	ANESTH, TUBAL LIGATE	95
00860	ANESTH, SURGERY ABDOMEN	26
00862	ANESTH, KIDNEY/URETER SURG	26
00864	ANESTH, REMOVE BLADDER	26
00865	ANESTH, REMOVE PROSTATE	26
00866	ANESTH, REMOVE ADRENAL	26
00868	ANESTH, KIDNEY TRANSPLANT	26
00870	ANESTH, BLADDER STONE SURG	26
00872	ANESTH, KIDNEY STONE DESTRU	26
00873	ANESTH, KIDNEY STONE DESTRU	26
00880	ANESTH, ABDOMEN VESSEL SURG	26
00882	ANESTH, MAJOR VEIN LIGATE	26
00902	ANESTH, ANORECTAL SURGERY	26
00904	ANESTH, PERINEAL SURGERY	26
00906	ANESTH, REMOVE VULVA	26
00908	ANESTH, REMOVE PROSTATE	26
00910	ANESTH, BLADDER SURGERY	26
00912	ANESTH, BLADDER TUMOR SURG	26
00914	ANESTH, REMOVE PROSTATE	26
00916	ANESTH, BLEEDING CONTROL	26
00918	ANESTH, STONE REMOVE	26
00920	ANESTH, GENITALIA SURGERY	47
00921	ANESTH, VASECTOMY	26
00922	ANESTH, SPERM DUCT SURGERY	26
00924	ANESTH, TESTIS EXPLORE	26
00926	ANESTH, REMOVE TESTIS	26
00928	ANESTH, REMOVE TESTIS	26
00930	ANESTH, TESTIS SUSPENSION	26
00932	ANESTH, AMPUTATE PENIS	26
00934	ANESTH, PENIS, NODES REMOVE	26
00936	ANESTH, PENIS, NODES REMOVE	26
00938	ANESTH, INSERT PENIS DEVICE	26
00940	ANESTH, VAGINAL PROCEDURES	47
00942	ANESTH, SURG ON VAG/URETHRA	26
00944	ANESTH, VAGINAL HYSTERECTOM	26

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
00948	ANESTH, REPAIR CERVIX	26
00950	ANESTH, VAGINAL ENDOSCOPY	26
00952	ANESTH, HYSTEROSCOPE/GRAPH	63
01112	ANESTH, BONE ASPIRATE/BIOPS	26
01120	ANESTH, PELVIS SURGERY	26
01130	ANESTH, BODY CAST PROCEDURE	26
01140	ANESTH, AMPUTATE AT PELVIS	26
01150	ANESTH, PELVIC TUMOR SURGER	26
01160	ANESTH, PELVIS PROCEDURE	26
01170	ANESTH, PELVIS SURGERY	26
01173	ANESTH, FX REPAIR, PELVIS	26
01180	ANESTH, PELVIS NERVE REMOVE	26
01190	ANESTH, PELVIS NERVE REMOVE	26
01200	ANESTH, HIP JOINT PROCEDURE	26
01202	ANESTH, ARTHROSCOPY HIP	26
01210	ANESTH, HIP JOINT SURGERY	26
01212	ANESTH, HIP DISARTICULATION	26
01214	ANESTH, HIP ARTHROPLASTY	26
01215	ANESTH, REVISE HIP REPAIR	26
01220	ANESTH, PROCEDURE ON FEMUR	26
01230	ANESTH, SURGERY FEMUR	26
01232	ANESTH, AMPUTATE FEMUR	26
01234	ANESTH, RADICAL FEMUR SURG	26
01250	ANESTH, UPPER LEG SURGERY	26
01260	ANESTH, UPPER LEG VEINS SUR	26
01270	ANESTH, THIGH ARTERIES SURG	26
01272	ANESTH, FEMORAL ARTERY SURG	26
01274	ANESTH, FEMORAL EMBOLLECTOMY	26
01320	ANESTH, KNEE AREA SURGERY	26
01340	ANESTH, KNEE AREA PROCEDURE	26
01360	ANESTH, KNEE AREA SURGERY	26
01380	ANESTH, KNEE JOINT PROCEDUR	26
01382	ANESTH, DIAG KNEE ARTHROSCO	26
01390	ANESTH, KNEE AREA PROCEDURE	26
01392	ANESTH, KNEE AREA SURGERY	26
01400	ANESTH, KNEE JOINT SURGERY	26
01402	ANESTH, KNEE ARTHROPLASTY	26
01404	ANESTH, AMPUTATE AT KNEE	26
01420	ANESTH, KNEE JOINT CAST	26
01430	ANESTH, KNEE VEINS SURGERY	26
01432	ANESTH, KNEE VESSEL SURG	26
01440	ANESTH, KNEE ARTERIES SURG	26
01442	ANESTH, KNEE ARTERY SURG	26
01444	ANESTH, KNEE ARTERY REPAIR	26
01462	ANESTH, LOWER LEG PROCEDURE	26
01464	ANESTH, ANKLE/FOOT ARTHROSC	26

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
01470	ANESTH, LOWER LEG SURGERY	26
01472	ANESTH, ACHILLES TENDON SUR	26
01474	ANESTH, LOWER LEG SURGERY	26
01480	ANESTH, LOWER LEG BONE SURG	26
01482	ANESTH, RADICAL LEG SURGERY	26
01484	ANESTH, LOWER LEG REVISE	26
01486	ANESTH, ANKLE REPLACE	26
01490	ANESTH, LOWER LEG CAST	26
01500	ANESTH, LEG ARTERIES SURG	26
01502	ANESTH, LOWER LEG EMBOLECTO	26
01520	ANESTH, LOWER LEG VEIN SURG	26
01522	ANESTH, LOWER LEG VEIN SURG	26
01610	ANESTH, SURGERY SHOULDER	26
01620	ANESTH, SHOULDER PROCEDURE	26
01622	ANESTH, DIAG SHOULDER ARTHRY	26
01630	ANESTH, SURGERY SHOULDER	26
01632	ANESTH, SURGERY SHOULDER	26
01634	ANESTH, SHOULDER JOINT AMPU	26
01636	ANESTH, FOREQUARTER AMPUT	26
01638	ANESTH, SHOULDER REPLACE	26
01650	ANESTH, SHOULDER ARTERY SUR	26
01652	ANESTH, SHOULDER VESSEL SUR	26
01654	ANESTH, SHOULDER VESSEL SUR	26
01656	ANESTH, ARM-LEG VESSEL SURG	26
01670	ANESTH, SHOULDER VEIN SURG	26
01680	ANESTH, SHOULDER CAST	26
01682	ANESTH, AIRPLANE CAST	26
01710	ANESTH, ELBOW AREA SURGERY	26
01712	ANESTH, UPPER ARM TENDON SU	26
01714	ANESTH, UPPER ARM TENDON SU	26
01716	ANESTH, BICEPS TENDON REPAI	26
01730	ANESTH, UPPER ARM PROCEDURE	26
01732	ANESTH, DIAG ELBOW ARTHROSC	26
01740	ANESTH, UPPER ARM SURGERY	26
01742	ANESTH, HUMERUS SURGERY	26
01744	ANESTH, HUMERUS REPAIR	26
01756	ANESTH, RADICAL HUMERUS SUR	26
01758	ANESTH, HUMERAL LESION SURG	26
01760	ANESTH, ELBOW REPLACE	26
01770	ANESTH, UPPER ARM ARTERY SU	26
01772	ANESTH, UPPER ARM EMBOLECTO	26
01780	ANESTH, UPPER ARM VEIN SURG	26
01782	ANESTH, UPPER ARM VEIN REPA	26
01810	ANESTH, LOWER ARM SURGERY	26
01820	ANESTH, LOWER ARM PROCEDURE	26
01829	ANESTH, DIAG WRIST ARTHROSC	26

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
01830	ANESTH, LOWER ARM SURGERY	26
01832	ANESTH, WRIST REPLACE	26
01840	ANESTH, LOWER ARM ARTERY SU	26
01842	ANESTH, LOWER ARM EMBOLECTO	26
01844	ANESTH, VASCULAR SHUNT SURG	26
01850	ANESTH, LOWER ARM VEIN SURG	26
01852	ANESTH, LOWER ARM VEIN REPA	26
01860	ANESTH, LOWER ARM CAST	26
01905	ANESTH, SPINE INJECT, X-RAY	26
01916	ANESTH, DIAG ARTERIOGRAPHY	26
01920	ANESTH, CATHETERIZE HEART	26
01922	ANESTH, CAT/MRI SCAN	26
01924	ANESTH, THER INTERVENT RAD,	26
01925	ANESTH, THER INTERVENT RAD,	26
01926	ANESTH, THER INTERVENT RAD R	26
01930	ANESTH, THER INTERVENT RAD,	26
01931	ANESTH, THER INTERVENT RAD,	26
01932	ANESTH, THER INTERVENT RAD,E	26
01933	ANESTH, THER INTERVENT RAD,	26
01951	ANESTH, BURN, LESS 4 PERCEN	26
01952	ANESTH, BURN, 4-9 PERCENT	26
01953	ANESTH, BURN, EACH 9 PERCEN	26
01958	ANESTH, ANTEPARTUM MANIPULA	26
01960	ANESTH, VAGINAL DELIVERY	26
01961	ANESTH, CS DELIVERY	26
01962	ANESTH, EMER HYSTERECTOMY	26
01963	ANESTH, CS HYSTERECTOMY	26
01965	ANESTH, INC/MISSED AB PROC	26
01966	ANESTH, INDUCED AB PROCEDUR	26
01967	ANESTH/ANALGESIA, VAG DELIV	26
01968	ANESTH/ANALGESIA, CS DELIV,O	26
01969	ANESTH/ANALGESIA, CS HYST, N	26
01990	ANESTH, SUPPORT FOR ORGAN D	26
01991	ANESTH, NERVE BLOCK/INJECT	26
01992	ANESTH, NERVE BLOCK/INJECT,E	26
01995	REGIONAL ANESTHESIA LIMB	26
01996	HOSP MANAGE CONT DRUG ADMIN	26
01999	UNLISTED ANESTH PROCEDURE	26
10021	FNA W/O IMAGE	108
10022	FNA W/IMAGE	100
10040	ACNE SURGERY	116
10060	DRAIN SKIN ABSCESS	128
10061	DRAIN SKIN ABSCESS	238
10080	DRAIN PILONIDAL CYST	138
10081	DRAIN PILONIDAL CYST	239
10120	REMOVE FOREIGN BODY	133

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
10121	REMOVE FOREIGN BODY	275
10140	DRAIN HEMATOMA/FLUID	173
10160	PUNCTURE DRAIN LESION	140
10180	COMPLEX DRAIN, WOUND	264
11000	DEBRIDE INFECTED SKIN	50
11001	DEBRIDE INFECTED SKIN, ADD-	25
11004	DEBRIDE GENITALIA & PERINEU	843
11005	DEBRIDE ABDOM WALL	1,150
11006	DEBRIDE GENITAL/PER/ABDOM W	1,059
11008	REMOVE MESH FROM ABD WALL	432
11010	DEBRIDE SKIN, FX	426
11011	DEBRIDE SKIN/MUSCLE, FX	454
11012	DEBRIDE SKIN/MUSCLE/BONE, F	674
11040	DEBRIDE SKIN, PARTIAL	44
11041	DEBRIDE SKIN, FULL	71
11042	DEBRIDE SKIN/TISSUE	95
11043	DEBRIDE TISSUE/MUSCLE	307
11044	DEBRIDE TISSUE/MUSCLE/BONE	421
11055	TRIM SKIN LESION	37
11056	TRIM SKIN LESIONS, 2 TO 4	51
11057	TRIM SKIN LESIONS, OVER 4	67
11100	BIOPSY SKIN LESION	69
11101	BIOPSY SKIN, ADD-ON	35
11200	REMOVE SKIN TAGS	91
11201	REMOVE SKIN TAGS, ADD-ON	24
11300	SHAVE SKIN LESION	43
11301	SHAVE SKIN LESION	72
11302	SHAVE SKIN LESION	89
11303	SHAVE SKIN LESION	104
11305	SHAVE SKIN LESION	57
11306	SHAVE SKIN LESION	84
11307	SHAVE SKIN LESION	97
11308	SHAVE SKIN LESION	121
11310	SHAVE SKIN LESION	62
11311	SHAVE SKIN LESION	91
11312	SHAVE SKIN LESION	103
11313	SHAVE SKIN LESION	139
11400	EXCISE TR-EXT BENIGN MARG 0C	104
11401	EXCISE TR-EXT BENIGN MARG 0C	136
11402	EXCISE TR-EXT BENIGN MARG 1C	156
11403	EXCISE TR-EXT BENIGN MARG 2C	188
11404	EXCISE TR-EXT BENIGN MARG 3C	210
11406	EXCISE TR-EXT BENIGN MARG >C	270
11420	EXCISE H-F-NK-SP BENIGN MAR	116
11421	EXCISE H-F-NK-SP BENIGN MAR-	153
11422	EXCISE H-F-NK-SP BENIGN MAR-	180

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
11423	EXCISE H-F-NK-SP BENIGN MAR-	210
11424	EXCISE H-F-NK-SP BENIGN MAR-	245
11426	EXCISE H-F-NK-SP BENIGN MAR	360
11440	EXCISE FACE-MM BENIGN MARG	143
11441	EXCISE FACE-MM BENIGN MARG	180
11442	EXCISE FACE-MM BENIGN MARG	199
11443	EXCISE FACE-MM BENIGN MARG	249
11444	EXCISE FACE-MM BENIGN MARG	323
11446	EXCISE FACE-MM BENIGN MARG M	440
11450	REMOVE SWEAT GLAND LESION	292
11451	REMOVE SWEAT GLAND LESION	401
11462	REMOVE SWEAT GLAND LESION	279
11463	REMOVE SWEAT GLAND LESION	410
11470	REMOVE SWEAT GLAND LESION	339
11471	REMOVE SWEAT GLAND LESION	442
11600	EXCISE TR-EXT MALIG MARG 0.M	137
11601	EXCISE TR-EXT MALIG MARG 0.M	180
11602	EXCISE TR-EXT MALIG MARG 1.M	191
11603	EXCISE TR-EXT MALIG MARG 2.M	211
11604	EXCISE TR-EXT MALIG MARG 3.M	228
11606	EXCISE TR-EXT MALIG MARG >	314
11620	EXCISE H-F-NK-SP MALIG MARG <	129
11621	EXCISE H-F-NK-SP MALIG MARG1	179
11622	EXCISE H-F-NK-SP MALIG MARG2	208
11623	EXCISE H-F-NK-SP MALIG MARG3	251
11624	EXCISE H-F-NK-SP MALIG MARG4	292
11626	EXCISE H-F-NK-SP MALIG MARGC	407
11640	EXCISE FACE-MM MALIG MARG 0	148
11641	EXCISE FACE-MM MALIG MARG 0	221
11642	EXCISE FACE-MM MALIG MARG 1	258
11643	EXCISE FACE-MM MALIG MARG 2	305
11644	EXCISE FACE-MM MALIG MARG 3	392
11646	EXCISE FACE-MM MALIG MARG >	572
11719	TRIM NAIL(S)	15
11720	DEBRIDE NAIL, 1-5	27
11721	DEBRIDE NAIL, 6 OR MORE	46
11730	REMOVE NAIL PLATE	96
11732	REMOVE NAIL PLATE, ADD-ON	49
11740	DRAIN BLOOD FROM UNDER NAIL	44
11750	REMOVE NAIL BED	222
11752	REMOVE NAIL BED/FINGER TIP	349
11755	BIOPSY NAIL UNIT	127
11760	REPAIR NAIL BED	208
11762	RECONSTRUCT NAIL BED	322
11765	EXCISE NAIL FOLD, TOE	89
11770	REMOVE PILONIDAL LESION	253

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
11771	REMOVE PILONIDAL LESION	558
11772	REMOVE PILONIDAL LESION	742
11900	INJECTION INTO SKIN LESIONS	43
11901	ADDED SKIN LESIONS INJECTIO	67
11920	CORRECT SKIN COLOR DEFECTS	168
11921	CORRECT SKIN COLOR DEFECTS	199
11922	CORRECT SKIN COLOR DEFECTS	46
11950	THERAPY FOR CONTOUR DEFECTS	73
11951	THERAPY FOR CONTOUR DEFECTS	103
11952	THERAPY FOR CONTOUR DEFECTS	143
11954	THERAPY FOR CONTOUR DEFECTS	170
11960	INSERT TISSUE EXPANDER(S)	1,206
11970	REPLACE TISSUE EXPANDER	820
11971	REMOVE TISSUE EXPANDER(S)	367
11975	INSERT CONTRACEPTIVE CAP	376
11976	REMOVE CONTRACEPTIVE CAP	151
11977	REMOVE/REINSERT CONTRA CAP	498
11980	IMPLANT HORMONE PELLET(S)	121
11981	INSERT DRUG IMPLANT DEVICE	130
11982	REMOVE DRUG IMPLANT DEVICE	158
11983	REMOVE/INSERT DRUG IMPLANT	284
12001	REPAIR SUPERFICIAL WOUND(S)	149
12002	REPAIR SUPERFICIAL WOUND(S)	167
12004	REPAIR SUPERFICIAL WOUND(S)	196
12005	REPAIR SUPERFICIAL WOUND(S)	245
12006	REPAIR SUPERFICIAL WOUND(S)	312
12007	REPAIR SUPERFICIAL WOUND(S)	361
12011	REPAIR SUPERFICIAL WOUND(S)	153
12013	REPAIR SUPERFICIAL WOUND(S)	176
12014	REPAIR SUPERFICIAL WOUND(S)	213
12015	REPAIR SUPERFICIAL WOUND(S)	268
12016	REPAIR SUPERFICIAL WOUND(S)	328
12017	REPAIR SUPERFICIAL WOUND(S)	400
12018	REPAIR SUPERFICIAL WOUND(S)	476
12020	CLOSE SPLIT WOUND	278
12021	CLOSE SPLIT WOUND	200
12031	LAYER CLOSE WOUND(S)	186
12032	LAYER CLOSE WOUND(S)	255
12034	LAYER CLOSE WOUND(S)	263
12035	LAYER CLOSE WOUND(S)	341
12036	LAYER CLOSE WOUND(S)	407
12037	LAYER CLOSE WOUND(S)	473
12041	LAYER CLOSE WOUND(S)	210
12042	LAYER CLOSE WOUND(S)	249
12044	LAYER CLOSE WOUND(S)	285
12045	LAYER CLOSE WOUND(S)	362

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
12046	LAYER CLOSE WOUND(S)	431
12047	LAYER CLOSE WOUND(S)	475
12051	LAYER CLOSE WOUND(S)	235
12052	LAYER CLOSE WOUND(S)	249
12053	LAYER CLOSE WOUND(S)	278
12054	LAYER CLOSE WOUND(S)	306
12055	LAYER CLOSE WOUND(S)	398
12056	LAYER CLOSE WOUND(S)	506
12057	LAYER CLOSE WOUND(S)	588
13100	REPAIR WOUND OR LESION	327
13101	REPAIR WOUND OR LESION	394
13102	REPAIR WOUND/LESION, ADD-ON	110
13120	REPAIR WOUND OR LESION	340
13121	REPAIR WOUND OR LESION	423
13122	REPAIR WOUND/LESION, ADD-ON	126
13131	REPAIR WOUND OR LESION	387
13132	REPAIR WOUND OR LESION	600
13133	REPAIR WOUND/LESION, ADD-ON	193
13150	REPAIR WOUND OR LESION	397
13151	REPAIR WOUND OR LESION	454
13152	REPAIR WOUND OR LESION	618
13153	REPAIR WOUND/LESION, ADD-ON	214
13160	LATE CLOSE WOUND	1,096
14000	SKIN TISSUE REARRANGEMENT	691
14001	SKIN TISSUE REARRANGEMENT	944
14020	SKIN TISSUE REARRANGEMENT	798
14021	SKIN TISSUE REARRANGEMENT	1,105
14040	SKIN TISSUE REARRANGEMENT	908
14041	SKIN TISSUE REARRANGEMENT	1,204
14060	SKIN TISSUE REARRANGEMENT	960
14061	SKIN TISSUE REARRANGEMENT	1,301
14300	SKIN TISSUE REARRANGEMENT	1,271
14350	SKIN TISSUE REARRANGEMENT	1,037
15000	WOUND PREP, 1ST 100 SQ CM	382
15001	WOUND PREP, ADDED 100 SQ CM	87
15040	HARVEST CULTURED SKIN GRAFT	192
15050	SKIN PINCH GRAFT	580
15100	SKIN SPLIT GRAFT, TRUNK/ARM	1,045
15101	SKIN SPLIT GRAFT T/A/L, ADD	179
15110	EPIDERM AUTOGRAFT TRUNK/ARM	1,022
15111	EPIDERM AUTOGRAFT T/A/L, AD	164
15115	EPIDERM A-GRAFT FACE/NECK/H	1,052
15116	EPIDERM A-GRAFT F/N/HF/G, A	223
15120	SKIN SPLIT A-GRAFT FACE/NECK	1,079
15121	SKIN SPLIT A-GRAFT F/N/HF/G-	279
15130	DERM AUTOGRAFT, TRUNK/ARM/L	826

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
15131	DERM AUTOGRAFT T/A/L, ADD-O	133
15135	DERM AUTOGRAFT FACE/NECK/HF	1,142
15136	DERM AUTOGRAFT, F/N/HF/G, A	134
15150	CULT EPIDERM GRAFT T/ARM/LE	910
15151	CULT EPIDERM GRAFT T/A/L, A	177
15152	CULT EPIDERM GRAFT T/A/L + %	221
15155	CULT EPIDERM GRAFT, F/N/HF/	978
15156	CULT EPIDERM GRAFT F/N/HFG,O	246
15157	CULT EPIDERM GRAFT F/N/HFG	268
15170	ACELL GRAFT TRUNK/ARMS/LEGS	449
15171	ACELL GRAFT T/ARM/LEG, ADD-	133
15175	ACELLULAR GRAFT, F/N/HF/G	674
15176	ACELL GRAFT, F/N/HF/G, ADD-	211
15200	SKIN FULL GRAFT, TRUNK	874
15201	SKIN FULL GRAFT TRUNK, ADD-	121
15220	SKIN FULL GRAFT SCALP/ARM/L	888
15221	SKIN FULL GRAFT, ADD-ON	108
15240	SKIN FULL GRAFT FACE/GENITA	1,034
15241	SKIN FULL GRAFT, ADD-ON	170
15260	SKIN FULL GRAFT EEN & LIPS	1,117
15261	SKIN FULL GRAFT, ADD-ON	220
15300	APPLY SKIN ALLOGRFT, T/ARM/	383
15301	APPLY SKIN ALLOGRFT T/A/L, N	87
15320	APPLY SKIN ALLOGRAFT F/N/HF	445
15321	APPLY SKIN ALLOGRFT F/N/HFG-	130
15330	APPLY ACELL ALLOGRAFT T/ARM	382
15331	APPLY ACELL GRAFT T/A/L, AD	87
15335	APPLY ACELL GRAFT, F/N/HF/G	427
15336	APPLY ACELL GRAFT F/N/HF/G,O	124
15340	APPLY CULT SKIN SUBSTITUTE	396
15341	APPLY CULT SKIN SUB, ADD-ON	43
15360	APPLY CULT DERM SUB, T/A/L	425
15361	APPLY CULT DERM SUB T/A/L, N	99
15365	APPLY CULT DERM SUB F/N/HF/	449
15366	APPLY CULT DERM F/HF/G, ADD	124
15400	APPLY SKIN XENOGRAFT, T/A/L	491
15401	APPLY SKIN XENOGRAFT T/A/L,O	89
15420	APPLY SKIN XENOGRAFT, F/N/H	508
15421	APPLY SKIN XENOGRAFT F/N/HFD	131
15430	APPLY ACELLULAR XENOGRAFT	758
15570	FORM SKIN PEDICLE FLAP	992
15572	FORM SKIN PEDICLE FLAP	969
15574	FORM SKIN PEDICLE FLAP	1,085
15576	FORM SKIN PEDICLE FLAP	947
15600	SKIN GRAFT	307
15610	SKIN GRAFT	362

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
15620	SKIN GRAFT	419
15630	SKIN GRAFT	453
15650	TRANSFER SKIN PEDICLE FLAP	499
15732	MUSCLE-SKIN GRAFT, HEAD/NEC	1,836
15734	MUSCLE-SKIN GRAFT, TRUNK	1,874
15736	MUSCLE-SKIN GRAFT, ARM	1,712
15738	MUSCLE-SKIN GRAFT, LEG	1,843
15740	ISLAND PEDICLE FLAP GRAFT	1,105
15750	NEUROVASCULAR PEDICLE GRAFT	1,257
15756	FREE MYO/SKIN FLAP MICROVAS	3,441
15757	FREE SKIN FLAP, MICROVASC	3,468
15758	FREE FASCIAL FLAP, MICROVAS	3,477
15760	COMPOSITE SKIN GRAFT	972
15770	DERMA-FAT-FASCIA GRAFT	879
15775	HAIR TRANSPLANT PUNCH GRAFT	324
15776	HAIR TRANSPLANT PUNCH GRAFT	514
15780	ABRASION TREAT SKIN	943
15781	ABRASION TREAT SKIN	614
15782	ABRASION TREAT SKIN	658
15783	ABRASION TREAT SKIN	508
15786	ABRASION, LESION, SINGLE	199
15787	ABRASION, LESIONS, ADD-ON	30
15788	CHEMICAL PEEL, FACE, EPIDER	311
15789	CHEMICAL PEEL, FACE, DERMAL	576
15792	CHEMICAL PEEL, NONFACIAL	383
15793	CHEMICAL PEEL, NONFACIAL	485
15819	PLASTIC SURGERY, NECK	1,008
15820	REVISE LOWER EYELID	646
15821	REVISE LOWER EYELID	690
15822	REVISE UPPER EYELID	540
15823	REVISE UPPER EYELID	810
15824	REMOVE FOREHEAD WRINKLES	2,005
15825	REMOVE NECK WRINKLES	2,401
15826	REMOVE BROW WRINKLES	2,002
15828	REMOVE FACE WRINKLES	5,363
15829	REMOVE SKIN WRINKLES	5,882
15831	EXCISE EXCESSIVE SKIN TISSU	1,274
15832	EXCISE EXCESSIVE SKIN TISSU	1,236
15833	EXCISE EXCESSIVE SKIN TISSU	1,167
15834	EXCISE EXCESSIVE SKIN TISSU	1,153
15835	EXCISE EXCESSIVE SKIN TISSU	1,188
15836	EXCISE EXCESSIVE SKIN TISSU	1,000
15837	EXCISE EXCESSIVE SKIN TISSU	978
15838	EXCISE EXCESSIVE SKIN TISSU	796
15839	EXCISE EXCESSIVE SKIN TISSU	972
15840	GRAFT FOR FACE NERVE PALSY	1,411

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
15841	GRAFT FOR FACE NERVE PALSY	2,333
15842	FLAP FOR FACE NERVE PALSY	3,752
15845	SKIN AND MUSCLE REPAIR, FAC	1,306
15850	REMOVE SUTURES	156
15851	REMOVE SUTURES	70
15852	DRESSING CHANGE NOT FOR BUR	72
15860	TEST FOR BLOOD FLOW IN GRAF	169
15876	SUCTION ASSISTED LIPECTOMY	1,126
15877	SUCTION ASSISTED LIPECTOMY	2,012
15878	SUCTION ASSISTED LIPECTOMY	1,126
15879	SUCTION ASSISTED LIPECTOMY	2,012
15920	REMOVE TAIL BONE ULCER	833
15922	REMOVE TAIL BONE ULCER	1,062
15931	REMOVE SACRUM PRESSURE SORE	923
15933	REMOVE SACRUM PRESSURE SORE	1,158
15934	REMOVE SACRUM PRESSURE SORE	1,284
15935	REMOVE SACRUM PRESSURE SORE	1,544
15936	REMOVE SACRUM PRESSURE SORE	1,277
15937	REMOVE SACRUM PRESSURE SORE	1,492
15940	REMOVE HIP PRESSURE SORE	961
15941	REMOVE HIP PRESSURE SORE	1,296
15944	REMOVE HIP PRESSURE SORE	1,244
15945	REMOVE HIP PRESSURE SORE	1,386
15946	REMOVE HIP PRESSURE SORE	2,233
15950	REMOVE THIGH PRESSURE SORE	802
15951	REMOVE THIGH PRESSURE SORE	1,150
15952	REMOVE THIGH PRESSURE SORE	1,186
15953	REMOVE THIGH PRESSURE SORE	1,340
15956	REMOVE THIGH PRESSURE SORE	1,630
15958	REMOVE THIGH PRESSURE SORE	1,647
15999	REMOVE PRESSURE SORE	598
16000	INITIAL TREAT BURN(S)	69
16020	DRESS/DEBRIDE P-THICK BURN,	84
16025	DRESS/DEBRIDE P-THICK BURN,	171
16030	DRESS/DEBRIDE P-THICK BURN,	196
16035	INCISE BURN SCAB, INITIAL	327
16036	ESCHAROTOMY; ADDED INCISION	130
17000	DESTROY BENIGN/PREMLIG LES	68
17003	DESTROY LESIONS, 2-14	13
17004	DESTROY LESIONS, 15 OR MORE	257
17106	DESTROY SKIN LESIONS	476
17107	DESTROY SKIN LESIONS	873
17108	DESTROY SKIN LESIONS	1,226
17110	DESTRUCT LESION, 1-14	81
17111	DESTRUCT LESION, 15 OR MORE	103
17250	CHEMICAL CAUTERY, TISSUE	52

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
17260	DESTROY SKIN LESIONS	93
17261	DESTROY SKIN LESIONS	118
17262	DESTROY SKIN LESIONS	153
17263	DESTROY SKIN LESIONS	169
17264	DESTROY SKIN LESIONS	180
17266	DESTROY SKIN LESIONS	209
17270	DESTROY SKIN LESIONS	129
17271	DESTROY SKIN LESIONS	145
17272	DESTROY SKIN LESIONS	169
17273	DESTROY SKIN LESIONS	191
17274	DESTROY SKIN LESIONS	236
17276	DESTROY SKIN LESIONS	288
17280	DESTROY SKIN LESIONS	117
17281	DESTROY SKIN LESIONS	165
17282	DESTROY SKIN LESIONS	193
17283	DESTROY SKIN LESIONS	243
17284	DESTROY SKIN LESIONS	292
17286	DESTROY SKIN LESIONS	407
17304	1 STAGE MOHS, UP TO 5 SPEC	653
17305	2 STAGE MOHS, UP TO 5 SPEC	245
17306	3 STAGE MOHS, UP TO 5 SPEC	246
17307	MOHS ADDED STAGE UP TO 5 SP	246
17310	MOHS ANY STAGE > 5 SPEC EAC	82
17340	CRYOTHERAPY SKIN	67
17360	SKIN PEEL THERAPY	135
17380	HAIR REMOVE BY ELECTROLYSIS	77
17999	SKIN TISSUE PROCEDURE	320
19000	DRAIN BREAST LESION	69
19001	DRAIN BREAST LESION, ADD-ON	34
19020	INCISE BREAST LESION	384
19030	INJECTION FOR BREAST X-RAY	120
19100	BIOPSY BREAST PERCUT W/O IM	104
19101	BIOPSY BREAST, OPEN	313
19102	BIOPSY BREAST PERCUT W/IMAG	158
19103	BIOPSY BREAST PERCUT W/DEVI	294
19110	NIPPLE EXPLORE	442
19112	EXCISE BREAST DUCT FISTULA	391
19120	REMOVE BREAST LESION	532
19125	EXCISE, BREAST LESION	576
19126	EXCISE, ADDED BREAST LESION	242
19140	REMOVE BREAST TISSUE	527
19160	PARTIAL MASTECTOMY	581
19162	P-MASTECTOMY W/LESION REMOV	1,226
19180	REMOVE BREAST	854
19182	REMOVE BREAST	771
19200	REMOVE BREAST	1,441

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
19220	REMOVE BREAST	1,478
19240	REMOVE BREAST	1,494
19260	REMOVE CHEST WALL LESION	1,645
19271	REVISE CHEST WALL	2,279
19272	EXTENSIVE CHEST WALL SURGER	2,504
19290	PLACE NEEDLE WIRE, BREAST	99
19291	PLACE NEEDLE WIRE, BREAST	50
19295	PLACE BREAST CLIP, PERCUT	166
19296	PLACE PO BREAST CATH FOR RA	313
19297	PLACE BREAST CATH FOR RAD	143
19298	PLACE BREAST RAD TUBE/CATHS	502
19316	SUSPEND BREAST	1,134
19318	REDUCE LARGE BREAST	1,696
19324	ENLARGE BREAST	666
19325	ENLARGE BREAST WITH IMPLANT	935
19328	REMOVE BREAST IMPLANT	668
19330	REMOVE IMPLANT MATERIAL	853
19340	IMMEDIATE BREAST PROSTHESIS	594
19342	DELAYED BREAST PROSTHESIS	1,259
19350	BREAST RECONSTRUCTION	1,004
19355	CORRECT INVERTED NIPPLE(S)	753
19357	BREAST RECONSTRUCTION	2,110
19361	BREAST RECONSTRUCTION	1,975
19364	BREAST RECONSTRUCTION	4,024
19366	BREAST RECONSTRUCTION	2,050
19367	BREAST RECONSTRUCTION	2,650
19368	BREAST RECONSTRUCTION	3,231
19369	BREAST RECONSTRUCTION	3,004
19370	SURGERY BREAST CAPSULE	934
19371	REMOVE BREAST CAPSULE	1,079
19380	REVISE BREAST RECONSTRUCTIO	1,051
19396	DESIGN CUSTOM BREAST IMPLAN	196
19499	BREAST SURGERY PROCEDURE	320
20000	INCISE ABSCESS	236
20005	INCISE DEEP ABSCESS	350
20100	EXPLORE WOUND, NECK	891
20101	EXPLORE WOUND, CHEST	299
20102	EXPLORE WOUND, ABDOMEN	359
20103	EXPLORE WOUND, EXTREMITY	539
20150	EXCISE EPIPHYSEAL BAR	1,290
20200	MUSCLE BIOPSY	138
20205	DEEP MUSCLE BIOPSY	219
20206	NEEDLE BIOPSY MUSCLE	97
20220	BONE BIOPSY TROCAR/NEEDLE	123
20225	BONE BIOPSY TROCAR/NEEDLE	184
20240	BONE BIOPSY EXCISEAL	358

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
20245	BONE BIOPSY EXCISEAL	900
20250	OPEN BONE BIOPSY	544
20251	OPEN BONE BIOPSY	621
20500	INJECT SINUS TRACT	168
20501	INJECT SINUS TRACT FOR X-RA	59
20520	REMOVE FOREIGN BODY	221
20525	REMOVE FOREIGN BODY	380
20526	THER INJECT CARP TUNNEL	90
20550	INJECT TENDON SHEATH/LIGAME	60
20551	INJECT TENDON ORIGIN/INSERT	66
20552	INJECT TRIGGER POINT, 1/2 M	51
20553	INJECT TRIGGER POINTS, =/>	57
20600	DRAIN/INJECT, JOINT/BURSA	62
20605	DRAIN/INJECT, JOINT/BURSA	64
20610	DRAIN/INJECT, JOINT/BURSA	75
20612	ASPIRATE/INJECT GANGLION CY	66
20615	TREAT BONE CYST	250
20650	INSERT AND REMOVE BONE PIN	234
20660	APPLY/REMOVE FIXATION DEVIC	267
20661	APPLY HEAD BRACE	629
20662	APPLY PELVIS BRACE	703
20663	APPLY THIGH BRACE	644
20664	HALO BRACE APPLY	966
20665	REMOVE FIXATION DEVICE	165
20670	REMOVE SUPPORT IMPLANT	240
20680	REMOVE SUPPORT IMPLANT	442
20690	APPLY BONE FIXATION DEVICE	378
20692	APPLY BONE FIXATION DEVICE	638
20693	ADJUST BONE FIXATION DEVICE	708
20694	REMOVE BONE FIXATION DEVICE	514
20802	REPLANT ARM, COMPLETE	3,751
20805	REPLANT FOREARM, COMPLETE	5,113
20808	REPLANT HAND, COMPLETE	6,344
20816	REPLANT DIGIT, COMPLETE	4,259
20822	REPLANT DIGIT, COMPLETE	3,750
20824	REPLANT THUMB, COMPLETE	4,187
20827	REPLANT THUMB, COMPLETE	3,885
20838	REPLANT FOOT, COMPLETE	3,711
20900	REMOVE BONE FOR GRAFT	704
20902	REMOVE BONE FOR GRAFT	905
20910	REMOVE CARTILAGE FOR GRAFT	649
20912	REMOVE CARTILAGE FOR GRAFT	741
20920	REMOVE FASCIA FOR GRAFT	586
20922	REMOVE FASCIA FOR GRAFT	699
20924	REMOVE TENDON FOR GRAFT	772
20926	REMOVE TISSUE FOR GRAFT	641

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
20930	SPINAL BONE ALLOGRAFT	613
20931	SPINAL BONE ALLOGRAFT	179
20936	SPINAL BONE AUTOGRAFT	842
20937	SPINAL BONE AUTOGRAFT	270
20938	SPINAL BONE AUTOGRAFT	295
20950	FLUID PRESSURE, MUSCLE	140
20955	FIBULA BONE GRAFT, MICROVAS	3,903
20956	ILIAC BONE GRAFT, MICROVASC	4,042
20957	MT BONE GRAFT, MICROVASC	3,763
20962	OTHER BONE GRAFT, MICROVASC	4,129
20969	BONE/SKIN GRAFT, MICROVASC	4,303
20970	BONE/SKIN GRAFT, ILIAC CRES	4,270
20972	BONE/SKIN GRAFT, METATARSAL	3,905
20973	BONE/SKIN GRAFT, GREAT TOE	4,351
20974	ELECTRICAL BONE STIMULATION	73
20975	ELECTRICAL BONE STIMULATION	274
20979	US BONE STIMULATION	60
20982	ABLATE, BONE TUMOR(S) PERQ	619
21010	INCISE JAW JOINT	1,051
21015	RESECT FACIAL TUMOR	635
21025	EXCISE BONE, LOWER JAW	1,197
21026	EXCISE FACIAL BONE(S)	687
21029	CONTOUR FACE BONE LESION	904
21030	EXCISE MAX/ZYGOMA BENIGN TU	584
21031	REMOVE EXOSTOSIS, MANDIBLE	426
21032	REMOVE EXOSTOSIS, MAXILLA	419
21034	EXCISE MAX/ZYGOMA MALIG TUM	1,757
21040	EXCISE MANDIBLE LESION	565
21044	REMOVE JAW BONE LESION	1,287
21045	EXTENSIVE JAW SURGERY	1,729
21046	REMOVE MANDIBLE CYST COMPLE	1,542
21047	EXCISE LOWER JAW CYST W/REP	1,968
21048	REMOVE MAXILLA CYST COMPLEX	1,580
21049	EXCISE UPPER JAW CYST W/REP	1,874
21050	REMOVE JAW JOINT	1,249
21060	REMOVE JAW JOINT CARTILAGE	1,163
21070	REMOVE CORONOID PROCESS	953
21076	PREPARE FACE/ORAL PROSTHESI	1,456
21077	PREPARE FACE/ORAL PROSTHESI	3,691
21079	PREPARE FACE/ORAL PROSTHESI	2,447
21080	PREPARE FACE/ORAL PROSTHESI	2,765
21081	PREPARE FACE/ORAL PROSTHESI	2,500
21082	PREPARE FACE/ORAL PROSTHESI	2,276
21083	PREPARE FACE/ORAL PROSTHESI	2,098
21084	PREPARE FACE/ORAL PROSTHESI	2,441
21085	PREPARE FACE/ORAL PROSTHESI	978

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
21086	PREPARE FACE/ORAL PROSTHESI	2,757
21087	PREPARE FACE/ORAL PROSTHESI	2,729
21088	PREPARE FACE/ORAL PROSTHESI	1,898
21089	PREPARE FACE/ORAL PROSTHESI	2,100
21100	MAXILLOFACIAL FIXATION	541
21110	INTERDENTAL FIXATION	838
21116	INJECT JAW JOINT X-RAY	68
21120	RECONSTRUCT CHIN	763
21121	RECONSTRUCT CHIN	948
21122	RECONSTRUCT CHIN	1,054
21123	RECONSTRUCT CHIN	1,350
21125	AUGMENT LOWER JAW BONE	1,137
21127	AUGMENT LOWER JAW BONE	1,271
21137	REDUCE FOREHEAD	1,084
21138	REDUCE FOREHEAD	1,347
21139	REDUCE FOREHEAD	1,546
21141	RECONSTRUCT MIDFACE, LEFORT	1,957
21142	RECONSTRUCT MIDFACE, LEFORT	1,946
21143	RECONSTRUCT MIDFACE, LEFORT	2,044
21145	RECONSTRUCT MIDFACE, LEFORT	2,098
21146	RECONSTRUCT MIDFACE, LEFORT	2,241
21147	RECONSTRUCT MIDFACE, LEFORT	2,219
21150	RECONSTRUCT MIDFACE, LEFORT	2,552
21151	RECONSTRUCT MIDFACE, LEFORT	3,089
21154	RECONSTRUCT MIDFACE, LEFORT	3,231
21155	RECONSTRUCT MIDFACE, LEFORT	3,706
21159	RECONSTRUCT MIDFACE, LEFORT	4,540
21160	RECONSTRUCT MIDFACE, LEFORT	4,460
21172	RECONSTRUCT ORBIT/FOREHEAD	2,559
21175	RECONSTRUCT ORBIT/FOREHEAD	3,168
21179	RECONSTRUCT ENTIRE FOREHEAD	2,238
21180	RECONSTRUCT ENTIRE FOREHEAD	2,511
21181	CONTOUR CRANIAL BONE LESION	1,072
21182	RECONSTRUCT CRANIAL BONE	3,093
21183	RECONSTRUCT CRANIAL BONE	3,455
21184	RECONSTRUCT CRANIAL BONE	3,747
21188	RECONSTRUCT MIDFACE	2,485
21193	RECONSTRUCT LOWER JAW W/O G	1,837
21194	RECONSTRUCT LOWER JAW W/GRA	2,042
21195	RECONSTRUCT LOWER JAW W/O FO	1,945
21196	RECONSTRUCT LOWER JAW W/FIX	2,113
21198	RECONSTRUCT LOWER JAW SEGME	1,635
21199	RECONSTRUCT LOWER JAW W/ADV	1,514
21206	RECONSTRUCT UPPER JAW BONE	1,622
21208	AUGMENT FACIAL BONES	1,209
21209	REDUCE FACIAL BONES	912

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
21210	FACE BONE GRAFT	1,205
21215	LOWER JAW BONE GRAFT	1,247
21230	RIB CARTILAGE GRAFT	1,153
21235	EAR CARTILAGE GRAFT	796
21240	RECONSTRUCT JAW JOINT	1,629
21242	RECONSTRUCT JAW JOINT	1,512
21243	RECONSTRUCT JAW JOINT	2,383
21244	RECONSTRUCT LOWER JAW	1,461
21245	RECONSTRUCT JAW	1,320
21246	RECONSTRUCT JAW	1,312
21247	RECONSTRUCT LOWER JAW BONE	2,459
21248	RECONSTRUCT JAW	1,290
21249	RECONSTRUCT JAW	1,872
21255	RECONSTRUCT LOWER JAW BONE	2,035
21256	RECONSTRUCT ORBIT	1,696
21260	REVISE EYE SOCKETS	1,745
21261	REVISE EYE SOCKETS	3,400
21263	REVISE EYE SOCKETS	2,873
21267	REVISE EYE SOCKETS	2,345
21268	REVISE EYE SOCKETS	2,778
21270	AUGMENT CHEEK BONE	1,046
21275	REVISE ORBITOFACIAL BONES	1,187
21280	REVISE EYELID	718
21282	REVISE EYELID	481
21295	REVISE JAW MUSCLE/BONE	248
21296	REVISE JAW MUSCLE/BONE	553
21299	CRANIO/MAXILLOFACIAL SURGER	2,100
21300	TREAT SKULL FRACTURE	62
21310	TREAT NOSE FRACTURE	44
21315	TREAT NOSE FRACTURE	206
21320	TREAT NOSE FRACTURE	211
21325	TREAT NOSE FRACTURE	753
21330	TREAT NOSE FRACTURE	922
21335	TREAT NOSE FRACTURE	1,104
21336	TREAT NASAL SEPTAL FRACTURE	934
21337	TREAT NASAL SEPTAL FRACTURE	383
21338	TREAT NASOETHMOID FRACTURE	1,260
21339	TREAT NASOETHMOID FRACTURE	1,350
21340	TREAT NOSE FRACTURE	1,168
21343	TREAT SINUS FRACTURE	1,740
21344	TREAT SINUS FRACTURE	2,226
21345	TREAT NOSE/JAW FRACTURE	938
21346	TREAT NOSE/JAW FRACTURE	1,397
21347	TREAT NOSE/JAW FRACTURE	1,770
21348	TREAT NOSE/JAW FRACTURE	1,729
21355	TREAT CHEEK BONE FRACTURE	439

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
21356	TREAT CHEEK BONE FRACTURE	532
21360	TREAT CHEEK BONE FRACTURE	759
21365	TREAT CHEEK BONE FRACTURE	1,576
21366	TREAT CHEEK BONE FRACTURE	1,803
21385	TREAT EYE SOCKET FRACTURE	1,064
21386	TREAT EYE SOCKET FRACTURE	989
21387	TREAT EYE SOCKET FRACTURE	1,141
21390	TREAT EYE SOCKET FRACTURE	1,084
21395	TREAT EYE SOCKET FRACTURE	1,327
21400	TREAT EYE SOCKET FRACTURE	200
21401	TREAT EYE SOCKET FRACTURE	414
21406	TREAT EYE SOCKET FRACTURE	798
21407	TREAT EYE SOCKET FRACTURE	945
21408	TREAT EYE SOCKET FRACTURE	1,302
21421	TREAT MOUTH ROOF FRACTURE	831
21422	TREAT MOUTH ROOF FRACTURE	1,006
21423	TREAT MOUTH ROOF FRACTURE	1,211
21431	TREAT CRANIOFACIAL FRACTURE	1,010
21432	TREAT CRANIOFACIAL FRACTURE	1,012
21433	TREAT CRANIOFACIAL FRACTURE	2,548
21435	TREAT CRANIOFACIAL FRACTURE	1,833
21436	TREAT CRANIOFACIAL FRACTURE	2,823
21440	TREAT DENTAL RIDGE FRACTURE	547
21445	TREAT DENTAL RIDGE FRACTURE	851
21450	TREAT LOWER JAW FRACTURE	603
21451	TREAT LOWER JAW FRACTURE	817
21452	TREAT LOWER JAW FRACTURE	406
21453	TREAT LOWER JAW FRACTURE	1,003
21454	TREAT LOWER JAW FRACTURE	783
21461	TREAT LOWER JAW FRACTURE	1,275
21462	TREAT LOWER JAW FRACTURE	1,386
21465	TREAT LOWER JAW FRACTURE	1,336
21470	TREAT LOWER JAW FRACTURE	1,684
21480	RESET DISLOCATED JAW	48
21485	RESET DISLOCATED JAW	717
21490	REPAIR DISLOCATED JAW	1,349
21495	TREAT HYOID BONE FRACTURE	855
21497	INTERDENTAL WIRING	708
21499	HEAD SURGERY PROCEDURE	2,100
21501	DRAIN NECK/CHEST LESION	467
21502	DRAIN CHEST LESION	788
21510	DRAIN BONE LESION	705
21550	BIOPSY NECK/CHEST	227
21555	REMOVE LESION, NECK/CHEST	464
21556	REMOVE LESION, NECK/CHEST	592
21557	REMOVE TUMOR, NECK/CHEST	874

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
21600	PARTIAL REMOVE RIB	783
21610	PARTIAL REMOVE RIB	1,506
21615	REMOVE RIB	1,029
21616	REMOVE RIB AND NERVES	1,251
21620	PARTIAL REMOVE STERNUM	791
21627	STERNAL DEBRIDEMENT	815
21630	EXTENSIVE STERNUM SURGERY	1,817
21632	EXTENSIVE STERNUM SURGERY	1,818
21685	HYOID MYOTOMY & SUSPENSION	1,384
21700	REVISE NECK MUSCLE	630
21705	REVISE NECK MUSCLE/RIB	946
21720	REVISE NECK MUSCLE	511
21725	REVISE NECK MUSCLE	782
21740	RECONSTRUCT STERNUM	1,553
21750	REPAIR STERNUM SEPARATION	1,052
21800	TREAT RIB FRACTURE	140
21805	TREAT RIB FRACTURE	368
21810	TREAT RIB FRACTURE(S)	731
21820	TREAT STERNUM FRACTURE	187
21825	TREAT STERNUM FRACTURE	858
21899	NECK/CHEST SURGERY PROCEDUR	904
21920	BIOPSY SOFT TISSUE BACK	211
21925	BIOPSY SOFT TISSUE BACK	477
21930	REMOVE LESION, BACK OR FLAN	518
21935	REMOVE TUMOR, BACK	1,707
22010	I & D, P-SPINE, C/T/CERV-TH	1,244
22015	I & D, P-SPINE, L/S/LS	1,234
22100	REMOVE PART NECK VERTEBRA	1,108
22101	REMOVE PART, THORAX VERTEBR	1,114
22102	REMOVE PART, LUMBAR VERTEBR	1,135
22103	REMOVE EXTRA SPINE SEGMENT	226
22110	REMOVE PART NECK VERTEBRA	1,406
22112	REMOVE PART, THORAX VERTEBR	1,404
22114	REMOVE PART, LUMBAR VERTEBR	1,409
22116	REMOVE EXTRA SPINE SEGMENT	225
22210	REVISE NECK SPINE	2,536
22212	REVISE THORAX SPINE	2,085
22214	REVISE LUMBAR SPINE	2,120
22216	REVISE, EXTRA SPINE SEGMENT	591
22220	REVISE NECK SPINE	2,273
22222	REVISE THORAX SPINE	2,080
22224	REVISE LUMBAR SPINE	2,273
22226	REVISE, EXTRA SPINE SEGMENT	588
22305	TREAT SPINE PROCESS FRACTUR	251
22310	TREAT SPINE FRACTURE	314
22315	TREAT SPINE FRACTURE	1,032

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
22318	TREAT ODONTOID FX W/O GRAFT	2,276
22319	TREAT ODONTOID FX W/GRAFT	2,533
22325	TREAT SPINE FRACTURE	1,948
22326	TREAT NECK SPINE FRACTURE	2,085
22327	TREAT THORAX SPINE FRACTURE	2,021
22328	TREAT EACH ADD SPINE FX	441
22505	MANIPULATE SPINE	179
22520	PERCUT VERTEBROPLASTY THOR	892
22521	PERCUT VERTEBROPLASTY LUMBA	845
22522	PERCUT VERTEBROPLASTY, ADD-	382
22523	PERCUT KYPHOPLASTY, THOR	929
22524	PERCUT KYPHOPLASTY, LUMBAR	891
22525	PERCUT KYPHOPLASTY, ADD-ON	423
22532	LAT THORAX SPINE FUSION	2,454
22533	LAT LUMBAR SPINE FUSION	2,271
22534	LAT THOR/LUMBAR, ADDED SEGM	581
22548	NECK SPINE FUSION	2,679
22554	NECK SPINE FUSION	2,011
22556	THORAX SPINE FUSION	2,419
22558	LUMBAR SPINE FUSION	2,206
22585	ADDITIONAL SPINAL FUSION	540
22590	SPINE & SKULL SPINAL FUSION	2,193
22595	NECK SPINAL FUSION	2,081
22600	NECK SPINE FUSION	1,767
22610	THORAX SPINE FUSION	1,764
22612	LUMBAR SPINE FUSION	2,257
22614	SPINE FUSION, EXTRA SEGMENT	631
22630	LUMBAR SPINE FUSION	2,225
22632	SPINE FUSION, EXTRA SEGMENT	511
22800	FUSE SPINE	1,982
22802	FUSE SPINE	3,219
22804	FUSE SPINE	3,750
22808	FUSE SPINE	2,701
22810	FUSE SPINE	3,058
22812	FUSE SPINE	3,305
22818	KYPHECTOMY, 1-2 SEGMENTS	3,242
22819	KYPHECTOMY, 3 OR MORE	3,631
22830	EXPLORE SPINAL FUSION	1,204
22840	INSERT SPINE FIXATION DEVIC	1,231
22841	INSERT SPINE FIXATION DEVIC	1,730
22842	INSERT SPINE FIXATION DEVIC	1,232
22843	INSERT SPINE FIXATION DEVIC	1,293
22844	INSERT SPINE FIXATION DEVIC	1,606
22845	INSERT SPINE FIXATION DEVIC	1,177
22846	INSERT SPINE FIXATION DEVIC	1,224
22847	INSERT SPINE FIXATION DEVIC	1,344

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
22848	INSERT PELVIC FIXATION DEVI	585
22849	REINSERT SPINAL FIXATION	1,939
22850	REMOVE SPINE FIXATION DEVIC	1,058
22851	APPLY SPINE PROSTH DEVICE	652
22852	REMOVE SPINE FIXATION DEVIC	1,010
22855	REMOVE SPINE FIXATION DEVIC	1,607
22899	SPINE SURGERY PROCEDURE	286
22900	REMOVE ABDOMINAL WALL LESIO	556
22999	ABDOMEN SURGERY PROCEDURE	2,185
23000	REMOVE CALCIUM DEPOSITS	546
23020	RELEASE SHOULDER JOINT	1,036
23030	DRAIN SHOULDER LESION	396
23031	DRAIN SHOULDER BURSA	342
23035	DRAIN SHOULDER BONE LESION	1,058
23040	EXPLORATORY SHOULDER SURGER	1,072
23044	EXPLORATORY SHOULDER SURGER	851
23065	BIOPSY SHOULDER TISSUES	235
23066	BIOPSY SHOULDER TISSUES	506
23075	REMOVE SHOULDER LESION	259
23076	REMOVE SHOULDER LESION	820
23077	REMOVE TUMOR SHOULDER	1,634
23100	BIOPSY SHOULDER JOINT	733
23101	SHOULDER JOINT SURGERY	684
23105	REMOVE SHOULDER JOINT LININ	964
23106	INCISE COLLARBONE JOINT	730
23107	EXPLORE TREAT SHOULDER JOIN	1,005
23120	PARTIAL REMOVE COLLAR BONE	852
23125	REMOVE COLLAR BONE	1,065
23130	REMOVE SHOULDER BONE, PART	921
23140	REMOVE BONE LESION	756
23145	REMOVE BONE LESION	1,034
23146	REMOVE BONE LESION	938
23150	REMOVE HUMERUS LESION	960
23155	REMOVE HUMERUS LESION	1,174
23156	REMOVE HUMERUS LESION	1,009
23170	REMOVE COLLAR BONE LESION	805
23172	REMOVE SHOULDER BLADE LESIO	818
23174	REMOVE HUMERUS LESION	1,122
23180	REMOVE COLLAR BONE LESION	1,098
23182	REMOVE SHOULDER BLADE LESIO	1,045
23184	REMOVE HUMERUS LESION	1,173
23190	PARTIAL REMOVE SCAPULA	838
23195	REMOVE HEAD HUMERUS	1,103
23200	REMOVE COLLAR BONE	1,300
23210	REMOVE SHOULDER BLADE	1,344
23220	PARTIAL REMOVE HUMERUS	1,594

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
23221	PARTIAL REMOVE HUMERUS	1,853
23222	PARTIAL REMOVE HUMERUS	2,489
23330	REMOVE SHOULDER FOREIGN BOD	230
23331	REMOVE SHOULDER FOREIGN BOD	889
23332	REMOVE SHOULDER FOREIGN BOD	1,316
23350	INJECTION FOR SHOULDER X-RA	79
23395	MUSCLE TRANSFER, SHOULDER/A	1,869
23397	MUSCLE TRANSFERS	1,727
23400	FIXATE SHOULDER BLADE	1,482
23405	INCISE TENDON & MUSCLE	961
23406	INCISE TENDON(S) & MUSCLE(S	1,202
23410	REPAIR ROTATOR CUFF, ACUTE	1,374
23412	REPAIR ROTATOR CUFF, CHRONI	1,459
23415	RELEASE SHOULDER LIGAMENT	1,129
23420	REPAIR SHOULDER	1,517
23430	REPAIR BICEPS TENDON	1,136
23440	REMOVE/TRANSPLANT TENDON	1,178
23450	REPAIR SHOULDER CAPSULE	1,462
23455	REPAIR SHOULDER CAPSULE	1,561
23460	REPAIR SHOULDER CAPSULE	1,682
23462	REPAIR SHOULDER CAPSULE	1,636
23465	REPAIR SHOULDER CAPSULE	1,702
23466	REPAIR SHOULDER CAPSULE	1,608
23470	RECONSTRUCT SHOULDER JOINT	1,850
23472	RECONSTRUCT SHOULDER JOINT	2,235
23480	REVISE COLLAR BONE	1,254
23485	REVISE COLLAR BONE	1,467
23490	REINFORCE CLAVICLE	1,263
23491	REINFORCE SHOULDER BONES	1,567
23500	TREAT CLAVICLE FRACTURE	285
23505	TREAT CLAVICLE FRACTURE	470
23515	TREAT CLAVICLE FRACTURE	876
23520	TREAT CLAVICLE DISLOCATION	305
23525	TREAT CLAVICLE DISLOCATION	464
23530	TREAT CLAVICLE DISLOCATION	829
23532	TREAT CLAVICLE DISLOCATION	940
23540	TREAT CLAVICLE DISLOCATION	283
23545	TREAT CLAVICLE DISLOCATION	404
23550	TREAT CLAVICLE DISLOCATION	855
23552	TREAT CLAVICLE DISLOCATION	990
23570	TREAT SHOULDER BLADE FX	319
23575	TREAT SHOULDER BLADE FX	519
23585	TREAT SCAPULA FRACTURE	1,042
23600	TREAT HUMERUS FRACTURE	404
23605	TREAT HUMERUS FRACTURE	625
23615	TREAT HUMERUS FRACTURE	1,141

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
23616	TREAT HUMERUS FRACTURE	2,230
23620	TREAT HUMERUS FRACTURE	336
23625	TREAT HUMERUS FRACTURE	514
23630	TREAT HUMERUS FRACTURE	878
23650	TREAT SHOULDER DISLOCATION	372
23655	TREAT SHOULDER DISLOCATION	543
23660	TREAT SHOULDER DISLOCATION	871
23665	TREAT DISLOCATION/FRACTURE	572
23670	TREAT DISLOCATION/FRACTURE	925
23675	TREAT DISLOCATION/FRACTURE	744
23680	TREAT DISLOCATION/FRACTURE	1,142
23700	FIXATE SHOULDER	295
23800	FUSE SHOULDER JOINT	1,540
23802	FUSE SHOULDER JOINT	1,678
23900	AMPUTATE ARM & GIRDLE	1,969
23920	AMPUTATION AT SHOULDER JOIN	1,541
23921	AMPUTATION FOLLOW-UP SURGER	654
23929	SHOULDER SURGERY PROCEDURE	286
23930	DRAIN ARM LESION	326
23931	DRAIN ARM BURSA	247
23935	DRAIN ARM/ELBOW BONE LESION	753
24000	EXPLORATORY ELBOW SURGERY	703
24006	RELEASE ELBOW JOINT	1,066
24065	BIOPSY ARM/ELBOW SOFT TISSU	231
24066	BIOPSY ARM/ELBOW SOFT TISSU	582
24075	REMOVE ARM/ELBOW LESION	453
24076	REMOVE ARM/ELBOW LESION	694
24077	REMOVE TUMOR ARM/ELBOW	1,211
24100	BIOPSY ELBOW JOINT LINING	593
24101	EXPLORE/TREAT ELBOW JOINT	755
24102	REMOVE ELBOW JOINT LINING	932
24105	REMOVE ELBOW BURSA	500
24110	REMOVE HUMERUS LESION	882
24115	REMOVE/GRAFT BONE LESION	1,059
24116	REMOVE/GRAFT BONE LESION	1,313
24120	REMOVE ELBOW LESION	787
24125	REMOVE/GRAFT BONE LESION	868
24126	REMOVE/GRAFT BONE LESION	949
24130	REMOVE HEAD RADIUS	768
24134	REMOVE ARM BONE LESION	1,165
24136	REMOVE RADIUS BONE LESION	955
24138	REMOVE ELBOW BONE LESION	990
24140	PARTIAL REMOVE ARM BONE	1,143
24145	PARTIAL REMOVE RADIUS	977
24147	PARTIAL REMOVE ELBOW	1,010
24149	RADICAL RESECT ELBOW	1,616

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
24150	EXTENSIVE HUMERUS SURGERY	1,464
24151	EXTENSIVE HUMERUS SURGERY	1,698
24152	EXTENSIVE RADIUS SURGERY	1,105
24153	EXTENSIVE RADIUS SURGERY	1,017
24155	REMOVE ELBOW JOINT	1,260
24160	REMOVE ELBOW JOINT IMPLANT	922
24164	REMOVE RADIUS HEAD IMPLANT	751
24200	REMOVE ARM FOREIGN BODY	207
24201	REMOVE ARM FOREIGN BODY	548
24220	INJECTION FOR ELBOW X-RAY	103
24300	MANIPULATE ELBOW W/ANESTH	591
24301	MUSCLE/TENDON TRANSFER	1,149
24305	ARM TENDON LENGTHENING	882
24310	REVISE ARM TENDON	722
24320	REPAIR ARM TENDON	1,133
24330	REVISE ARM MUSCLES	1,095
24331	REVISE ARM MUSCLES	1,210
24332	TENOLYSIS, TRICEPS	890
24340	REPAIR BICEPS TENDON	933
24341	REPAIR ARM TENDON/MUSCLE	992
24342	REPAIR RUPTURED TENDON	1,203
24343	REPAIR ELBOW LAT LIGAMENT W	1,051
24344	RECONSTRUCT ELBOW LAT LIGAM	1,600
24345	REPAIR ELBOW MED LIGAMENT WU	1,043
24346	RECONSTRUCT ELBOW MED LIGAM	1,587
24350	REPAIR TENNIS ELBOW	677
24351	REPAIR TENNIS ELBOW	742
24352	REPAIR TENNIS ELBOW	791
24354	REPAIR TENNIS ELBOW	790
24356	REVISE TENNIS ELBOW	813
24360	RECONSTRUCT ELBOW JOINT	1,367
24361	RECONSTRUCT ELBOW JOINT	1,538
24362	RECONSTRUCT ELBOW JOINT	1,576
24363	REPLACE ELBOW JOINT	2,015
24365	RECONSTRUCT HEAD RADIUS	977
24366	RECONSTRUCT HEAD RADIUS	1,044
24400	REVISE HUMERUS	1,252
24410	REVISE HUMERUS	1,582
24420	REVISE HUMERUS	1,499
24430	REPAIR HUMERUS	1,418
24435	REPAIR HUMERUS WITH GRAFT	1,510
24470	REVISE ELBOW JOINT	1,032
24495	DECOMPRESS FOREARM	1,046
24498	REINFORCE HUMERUS	1,331
24500	TREAT HUMERUS FRACTURE	429
24505	TREAT HUMERUS FRACTURE	662

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
24515	TREAT HUMERUS FRACTURE	1,322
24516	TREAT HUMERUS FRACTURE	1,305
24530	TREAT HUMERUS FRACTURE	470
24535	TREAT HUMERUS FRACTURE	846
24538	TREAT HUMERUS FRACTURE	1,139
24545	TREAT HUMERUS FRACTURE	1,188
24546	TREAT HUMERUS FRACTURE	1,700
24560	TREAT HUMERUS FRACTURE	373
24565	TREAT HUMERUS FRACTURE	693
24566	TREAT HUMERUS FRACTURE	997
24575	TREAT HUMERUS FRACTURE	1,198
24576	TREAT HUMERUS FRACTURE	409
24577	TREAT HUMERUS FRACTURE	727
24579	TREAT HUMERUS FRACTURE	1,285
24582	TREAT HUMERUS FRACTURE	1,107
24586	TREAT ELBOW FRACTURE	1,663
24587	TREAT ELBOW FRACTURE	1,642
24600	TREAT ELBOW DISLOCATION	474
24605	TREAT ELBOW DISLOCATION	674
24615	TREAT ELBOW DISLOCATION	1,082
24620	TREAT ELBOW FRACTURE	824
24635	TREAT ELBOW FRACTURE	1,707
24640	TREAT ELBOW DISLOCATION	121
24650	TREAT RADIUS FRACTURE	306
24655	TREAT RADIUS FRACTURE	572
24665	TREAT RADIUS FRACTURE	982
24666	TREAT RADIUS FRACTURE	1,102
24670	TREAT ULNAR FRACTURE	350
24675	TREAT ULNAR FRACTURE	607
24685	TREAT ULNAR FRACTURE	1,025
24800	FUSE ELBOW JOINT	1,238
24802	FUSION/GRAFT ELBOW JOINT	1,513
24900	AMPUTATE UPPER ARM	1,041
24920	AMPUTATE UPPER ARM	1,035
24925	AMPUTATION FOLLOW-UP SURGER	822
24930	AMPUTATION FOLLOW-UP SURGER	1,095
24931	AMPUTATE UPPER ARM & IMPLAN	1,149
24935	REVISE AMPUTATION	1,459
24940	REVISE UPPER ARM	2,393
24999	UPPER ARM/ELBOW SURGERY	379
25000	INCISE TENDON SHEATH	637
25001	INCISE FLEXOR CARPI RADIALI	474
25020	DECOMPRESS FOREARM 1 SPACE	962
25023	DECOMPRESS FOREARM 1 SPACE	1,736
25024	DECOMPRESS FOREARM 2 SPACES	1,052
25025	DECOMPRESS FOREARM 2 SPACES	1,618

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
25028	DRAIN FOREARM LESION	832
25031	DRAIN FOREARM BURSA	747
25035	TREAT FOREARM BONE LESION	1,305
25040	EXPLORE/TREAT WRIST JOINT	903
25065	BIOPSY FOREARM SOFT TISSUES	235
25066	BIOPSY FOREARM SOFT TISSUES	694
25075	REMOVE FOREARM LESION SUBCU	596
25076	REMOVE FOREARM LESION DEEP	896
25077	REMOVE TUMOR, FOREARM/WRIST	1,354
25085	INCISE WRIST CAPSULE	784
25100	BIOPSY WRIST JOINT	569
25101	EXPLORE/TREAT WRIST JOINT	659
25105	REMOVE WRIST JOINT LINING	818
25107	REMOVE WRIST JOINT CARTILAG	917
25110	REMOVE WRIST TENDON LESION	681
25111	REMOVE WRIST TENDON LESION	502
25112	REREMOVE WRIST TENDON LESIO	608
25115	REMOVE WRIST/FOREARM LESION	1,416
25116	REMOVE WRIST/FOREARM LESION	1,257
25118	EXCISE WRIST TENDON SHEATH	629
25119	PARTIAL REMOVE ULNA	849
25120	REMOVE FOREARM LESION	1,130
25125	REMOVE/GRAFT FOREARM LESION	1,256
25126	REMOVE/GRAFT FOREARM LESION	1,281
25130	REMOVE WRIST LESION	725
25135	REMOVE & GRAFT WRIST LESION	893
25136	REMOVE & GRAFT WRIST LESION	787
25145	REMOVE FOREARM BONE LESION	1,144
25150	PARTIAL REMOVE ULNA	954
25151	PARTIAL REMOVE RADIUS	1,250
25170	EXTENSIVE FOREARM SURGERY	1,633
25210	REMOVE WRIST BONE	790
25215	REMOVE WRIST BONES	1,034
25230	PARTIAL REMOVE RADIUS	706
25240	PARTIAL REMOVE ULNA	753
25246	INJECTION FOR WRIST X-RAY	114
25248	REMOVE FOREARM FOREIGN BODY	844
25250	REMOVE WRIST PROSTHESIS	790
25251	REMOVE WRIST PROSTHESIS	1,079
25259	MANIPULATE WRIST W/ANESTHES	590
25260	REPAIR FOREARM TENDON/MUSCL	1,309
25263	REPAIR FOREARM TENDON/MUSCL	1,307
25265	REPAIR FOREARM TENDON/MUSCL	1,500
25270	REPAIR FOREARM TENDON/MUSCL	1,119
25272	REPAIR FOREARM TENDON/MUSCL	1,231
25274	REPAIR FOREARM TENDON/MUSCL	1,389

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
25275	REPAIR FOREARM TENDON SHEAT	1,001
25280	REVISE WRIST/FOREARM TENDON	1,230
25290	INCISE WRIST/FOREARM TENDON	1,255
25295	RELEASE WRIST/FOREARM TENDO	1,159
25300	FUSE TENDONS AT WRIST	1,069
25301	FUSE TENDONS AT WRIST	1,024
25310	TRANSPLANT FOREARM TENDON	1,312
25312	TRANSPLANT FOREARM TENDON	1,457
25315	REVISE PALSY HAND TENDON(S)	1,528
25316	REVISE PALSY HAND TENDON(S)	1,766
25320	REPAIR/REVISE WRIST JOINT	1,376
25332	REVISE WRIST JOINT	1,286
25335	REALIGN HAND	1,520
25337	RECONSTRUCT ULNA/RADIOULNAR	1,324
25350	REVISE RADIUS	1,418
25355	REVISE RADIUS	1,547
25360	REVISE ULNA	1,390
25365	REVISE RADIUS & ULNA	1,755
25370	REVISE RADIUS OR ULNA	1,841
25375	REVISE RADIUS & ULNA	1,844
25390	SHORTEN RADIUS OR ULNA	1,554
25391	LENGTHEN RADIUS OR ULNA	1,883
25392	SHORTEN RADIUS & ULNA	1,858
25393	LENGTHEN RADIUS & ULNA	2,096
25394	REPAIR CARPAL BONE, SHORTEN	1,149
25400	REPAIR RADIUS OR ULNA	1,628
25405	REPAIR/GRAFT RADIUS OR ULNA	1,973
25415	REPAIR RADIUS & ULNA	1,862
25420	REPAIR/GRAFT RADIUS & ULNA	2,157
25425	REPAIR/GRAFT RADIUS OR ULNA	2,149
25426	REPAIR/GRAFT RADIUS & ULNA	2,019
25430	VASC GRAFT INTO CARPAL BONE	1,026
25431	REPAIR NONUNION CARPAL BONE	1,188
25440	REPAIR/GRAFT WRIST BONE	1,236
25441	RECONSTRUCT WRIST JOINT	1,431
25442	RECONSTRUCT WRIST JOINT	1,222
25443	RECONSTRUCT WRIST JOINT	1,182
25444	RECONSTRUCT WRIST JOINT	1,257
25445	RECONSTRUCT WRIST JOINT	1,104
25446	WRIST REPLACEMENT	1,771
25447	REPAIR WRIST JOINT(S)	1,186
25449	REMOVE WRIST JOINT IMPLANT	1,567
25450	REVISE WRIST JOINT	1,130
25455	REVISE WRIST JOINT	1,240
25490	REINFORCE RADIUS	1,443
25491	REINFORCE ULNA	1,520

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
25492	REINFORCE RADIUS AND ULNA	1,729
25500	TREAT FRACTURE RADIUS	320
25505	TREAT FRACTURE RADIUS	666
25515	TREAT FRACTURE RADIUS	1,046
25520	TREAT FRACTURE RADIUS	773
25525	TREAT FRACTURE RADIUS	1,397
25526	TREAT FRACTURE RADIUS	1,657
25530	TREAT FRACTURE ULNA	309
25535	TREAT FRACTURE ULNA	654
25545	TREAT FRACTURE ULNA	1,040
25560	TREAT FRACTURE RADIUS & ULN	313
25565	TREAT FRACTURE RADIUS & ULN	691
25574	TREAT FRACTURE RADIUS & ULN	891
25575	TREAT FRACTURE RADIUS/ULNA	1,253
25600	TREAT FRACTURE RADIUS/ULNA	349
25605	TREAT FRACTURE RADIUS/ULNA	754
25611	TREAT FRACTURE RADIUS/ULNA	1,048
25620	TREAT FRACTURE RADIUS/ULNA	990
25622	TREAT WRIST BONE FRACTURE	356
25624	TREAT WRIST BONE FRACTURE	600
25628	TREAT WRIST BONE FRACTURE	1,015
25630	TREAT WRIST BONE FRACTURE	363
25635	TREAT WRIST BONE FRACTURE	519
25645	TREAT WRIST BONE FRACTURE	868
25650	TREAT WRIST BONE FRACTURE	386
25651	PIN ULNAR STYLOID FRACTURE	676
25652	TREAT FRACTURE ULNAR STYLOI	911
25660	TREAT WRIST DISLOCATION	581
25670	TREAT WRIST DISLOCATION	932
25671	PIN RADIOULNAR DISLOCATION	760
25675	TREAT WRIST DISLOCATION	575
25676	TREAT WRIST DISLOCATION	960
25680	TREAT WRIST FRACTURE	661
25685	TREAT WRIST FRACTURE	1,100
25690	TREAT WRIST DISLOCATION	686
25695	TREAT WRIST DISLOCATION	963
25800	FUSE WRIST JOINT	1,177
25805	FUSION/GRAFT WRIST JOINT	1,344
25810	FUSION/GRAFT WRIST JOINT	1,276
25820	FUSE HAND BONES	955
25825	FUSE HAND BONES WITH GRAFT	1,151
25830	FUSION, RADIOULNAR JOINT/UL	1,519
25900	AMPUTATE FOREARM	1,336
25905	AMPUTATE FOREARM	1,330
25907	AMPUTATION FOLLOW-UP SURGER	1,209
25909	AMPUTATION FOLLOW-UP SURGER	1,322

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
25915	AMPUTATE FOREARM	2,251
25920	AMPUTATE HAND AT WRIST	1,030
25922	AMPUTATE HAND AT WRIST	900
25924	AMPUTATION FOLLOW-UP SURGER	1,031
25927	AMPUTATE HAND	1,268
25929	AMPUTATION FOLLOW-UP SURGER	838
25931	AMPUTATION FOLLOW-UP SURGER	1,194
25999	FOREARM OR WRIST SURGERY	196
26010	DRAIN FINGER ABSCESS	194
26011	DRAIN FINGER ABSCESS	281
26020	DRAIN HAND TENDON SHEATH	624
26025	DRAIN PALM BURSA	619
26030	DRAIN PALM BURSA(S)	726
26034	TREAT HAND BONE LESION	785
26035	DECOMPRESS FINGERS/HAND	1,083
26037	DECOMPRESS FINGERS/HAND	846
26040	RELEASE PALM CONTRACTURE	460
26045	RELEASE PALM CONTRACTURE	701
26055	INCISE FINGER TENDON SHEATH	413
26060	INCISE FINGER TENDON	394
26070	EXPLORE/TREAT HAND JOINT	434
26075	EXPLORE/TREAT FINGER JOINT	468
26080	EXPLORE/TREAT FINGER JOINT	565
26100	BIOPSY HAND JOINT LINING	483
26105	BIOPSY FINGER JOINT LINING	494
26110	BIOPSY FINGER JOINT LINING	470
26115	REMOVE HAND LESION SUBCUT	536
26116	REMOVE HAND LESION, DEEP	717
26117	REMOVE TUMOR, HAND/FINGER	970
26121	RELEASE PALM CONTRACTURE	903
26123	RELEASE PALM CONTRACTURE	1,130
26125	RELEASE PALM CONTRACTURE	440
26130	REMOVE WRIST JOINT LINING	675
26135	REVISE FINGER JOINT, EACH	835
26140	REVISE FINGER JOINT, EACH	758
26145	TENDON EXCISE, PALM/FINGER	770
26160	REMOVE TENDON SHEATH LESION	452
26170	REMOVE PALM TENDON, EACH	601
26180	REMOVE FINGER TENDON	658
26185	REMOVE FINGER BONE	701
26200	REMOVE HAND BONE LESION	678
26205	REMOVE/GRAFT BONE LESION	909
26210	REMOVE FINGER LESION	658
26215	REMOVE/GRAFT FINGER LESION	829
26230	PARTIAL REMOVE HAND BONE	764
26235	PARTIAL REMOVE FINGER BONE	747

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
26236	PARTIAL REMOVE FINGER BONE	662
26250	EXTENSIVE HAND SURGERY	866
26255	EXTENSIVE HAND SURGERY	1,347
26260	EXTENSIVE FINGER SURGERY	819
26261	EXTENSIVE FINGER SURGERY	939
26262	PARTIAL REMOVE FINGER	685
26320	REMOVE IMPLANT FROM HAND	514
26340	MANIPULATE FINGER W/ANESTH	458
26350	REPAIR FINGER/HAND TENDON	1,276
26352	REPAIR/GRAFT HAND TENDON	1,425
26356	REPAIR FINGER/HAND TENDON	1,636
26357	REPAIR FINGER/HAND TENDON	1,502
26358	REPAIR/GRAFT HAND TENDON	1,598
26370	REPAIR FINGER/HAND TENDON	1,378
26372	REPAIR/GRAFT HAND TENDON	1,571
26373	REPAIR FINGER/HAND TENDON	1,499
26390	REVISE HAND/FINGER TENDON	1,395
26392	REPAIR/GRAFT HAND TENDON	1,674
26410	REPAIR HAND TENDON	1,026
26412	REPAIR/GRAFT HAND TENDON	1,213
26415	EXCISE, HAND/FINGER TENDON	1,234
26416	GRAFT HAND OR FINGER TENDON	1,454
26418	REPAIR FINGER TENDON	1,026
26420	REPAIR/GRAFT FINGER TENDON	1,266
26426	REPAIR FINGER/HAND TENDON	1,197
26428	REPAIR/GRAFT FINGER TENDON	1,305
26432	REPAIR FINGER TENDON	885
26433	REPAIR FINGER TENDON	951
26434	REPAIR/GRAFT FINGER TENDON	1,093
26437	REALIGN TENDONS	1,077
26440	RELEASE PALM/FINGER TENDON	1,141
26442	RELEASE PALM & FINGER TENDO	1,492
26445	RELEASE HAND/FINGER TENDON	1,079
26449	RELEASE FOREARM/HAND TENDON	1,410
26450	INCISE PALM TENDON	683
26455	INCISE FINGER TENDON	678
26460	INCISE HAND/FINGER TENDON	658
26471	FUSE FINGER TENDONS	1,052
26474	FUSE FINGER TENDONS	1,032
26476	TENDON LENGTHENING	998
26477	TENDON SHORTENING	1,005
26478	LENGTHEN HAND TENDON	1,093
26479	SHORTEN HAND TENDON	1,074
26480	TRANSPLANT HAND TENDON	1,345
26483	TRANSPLANT/GRAFT HAND TENDO	1,474
26485	TRANSPLANT PALM TENDON	1,427

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
26489	TRANSPLANT/GRAFT PALM TENDO	1,332
26490	REVISE THUMB TENDON	1,314
26492	TENDON TRANSFER WITH GRAFT	1,438
26494	HAND TENDON/MUSCLE TRANSFER	1,330
26496	REVISE THUMB TENDON	1,416
26497	FINGER TENDON TRANSFER	1,434
26498	FINGER TENDON TRANSFER	1,873
26499	REVISE FINGER	1,366
26500	HAND TENDON RECONSTRUCTION	1,078
26502	HAND TENDON RECONSTRUCTION	1,190
26504	HAND TENDON RECONSTRUCTION	1,249
26508	RELEASE THUMB CONTRACTURE	1,099
26510	THUMB TENDON TRANSFER	1,037
26516	FUSE KNUCKLE JOINT	1,203
26517	FUSE KNUCKLE JOINTS	1,389
26518	FUSE KNUCKLE JOINTS	1,390
26520	RELEASE KNUCKLE CONTRACTURE	1,187
26525	RELEASE FINGER CONTRACTURE	1,194
26530	REVISE KNUCKLE JOINT	799
26531	REVISE KNUCKLE WITH IMPLANT	933
26535	REVISE FINGER JOINT	555
26536	REVISE/IMPLANT FINGER JOINT	994
26540	REPAIR HAND JOINT	1,135
26541	REPAIR HAND JOINT WITH GRAF	1,364
26542	REPAIR HAND JOINT WITH GRAF	1,165
26545	RECONSTRUCT FINGER JOINT	1,181
26546	REPAIR NONUNION HAND	1,489
26548	RECONSTRUCT FINGER JOINT	1,294
26550	CONSTRUCT THUMB REPLACEMENT	2,377
26551	GREAT TOE-HAND TRANSFER	4,967
26553	SINGLE TRANSFER, TOE-HAND	4,069
26554	DOUBLE TRANSFER, TOE-HAND	5,815
26555	POSITIONAL CHANGE FINGER	2,161
26556	TOE JOINT TRANSFER	4,786
26560	REPAIR WEB FINGER	943
26561	REPAIR WEB FINGER	1,435
26562	REPAIR WEB FINGER	1,995
26565	CORRECT METACARPAL FLAW	1,161
26567	CORRECT FINGER DEFORMITY	1,164
26568	LENGTHEN METACARPAL/FINGER	1,525
26580	REPAIR HAND DEFORMITY	1,957
26587	RECONSTRUCT EXTRA FINGER	1,419
26590	REPAIR FINGER DEFORMITY	1,988
26591	REPAIR MUSCLES HAND	796
26593	RELEASE MUSCLES HAND	1,017
26596	EXCISE CONSTRICTING TISSUE	1,109

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
26600	TREAT METACARPAL FRACTURE	287
26605	TREAT METACARPAL FRACTURE	407
26607	TREAT METACARPAL FRACTURE	725
26608	TREAT METACARPAL FRACTURE	725
26615	TREAT METACARPAL FRACTURE	664
26641	TREAT THUMB DISLOCATION	454
26645	TREAT THUMB FRACTURE	535
26650	TREAT THUMB FRACTURE	774
26665	TREAT THUMB FRACTURE	871
26670	TREAT HAND DISLOCATION	404
26675	TREAT HAND DISLOCATION	569
26676	PIN HAND DISLOCATION	762
26685	TREAT HAND DISLOCATION	818
26686	TREAT HAND DISLOCATION	925
26700	TREAT KNUCKLE DISLOCATION	397
26705	TREAT KNUCKLE DISLOCATION	529
26706	PIN KNUCKLE DISLOCATION	636
26715	TREAT KNUCKLE DISLOCATION	702
26720	TREAT FINGER FRACTURE, EACH	230
26725	TREAT FINGER FRACTURE, EACH	426
26727	TREAT FINGER FRACTURE, EACH	714
26735	TREAT FINGER FRACTURE, EACH	719
26740	TREAT FINGER FRACTURE, EACH	289
26742	TREAT FINGER FRACTURE, EACH	480
26746	TREAT FINGER FRACTURE, EACH	709
26750	TREAT FINGER FRACTURE, EACH	229
26755	TREAT FINGER FRACTURE, EACH	377
26756	PIN FINGER FRACTURE, EACH	630
26765	TREAT FINGER FRACTURE, EACH	533
26770	TREAT FINGER DISLOCATION	329
26775	TREAT FINGER DISLOCATION	466
26776	PIN FINGER DISLOCATION	673
26785	TREAT FINGER DISLOCATION	545
26820	THUMB FUSION WITH GRAFT	1,337
26841	FUSE THUMB	1,267
26842	THUMB FUSION WITH GRAFT	1,344
26843	FUSE HAND JOINT	1,238
26844	FUSION/GRAFT HAND JOINT	1,371
26850	FUSE KNUCKLE	1,189
26852	FUSE KNUCKLE WITH GRAFT	1,321
26860	FUSE FINGER JOINT	984
26861	FUSE FINGER JOINT, ADD-ON	167
26862	FUSION/GRAFT FINGER JOINT	1,221
26863	FUSE/GRAFT ADDED JOINT	373
26910	AMPUTATE METACARPAL BONE	1,168
26951	AMPUTATE FINGER/THUMB	913

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
26952	AMPUTATE FINGER/THUMB	1,113
26989	HAND/FINGER SURGERY	280
26990	DRAIN PELVIS LESION	918
26991	DRAIN PELVIS BURSA	759
26992	DRAIN BONE LESION	1,466
27000	INCISE HIP TENDON	685
27001	INCISE HIP TENDON	820
27003	INCISE HIP TENDON	860
27005	INCISE HIP TENDON	1,101
27006	INCISE HIP TENDONS	1,110
27025	INCISE HIP/THIGH FASCIA	1,234
27030	DRAIN HIP JOINT	1,425
27033	EXPLORE HIP JOINT	1,466
27035	DENERVATION HIP JOINT	1,720
27036	EXCISE HIP JOINT/MUSCLE	1,440
27040	BIOPSY SOFT TISSUES	296
27041	BIOPSY SOFT TISSUES	1,023
27047	REMOVE HIP/PELVIS LESION	756
27048	REMOVE HIP/PELVIS LESION	686
27049	REMOVE TUMOR, HIP/PELVIS	1,374
27050	BIOPSY SACROILIAC JOINT	542
27052	BIOPSY HIP JOINT	760
27054	REMOVE HIP JOINT LINING	997
27060	REMOVE ISCHIAL BURSA	608
27062	REMOVE FEMUR LESION/BURSA	663
27065	REMOVE HIP BONE LESION	711
27066	REMOVE HIP BONE LESION	1,179
27067	REMOVE/GRAFT HIP BONE LESIO	1,512
27070	PARTIAL REMOVE HIP BONE	1,241
27071	PARTIAL REMOVE HIP BONE	1,352
27075	EXTENSIVE HIP SURGERY	3,397
27076	EXTENSIVE HIP SURGERY	2,300
27077	EXTENSIVE HIP SURGERY	3,910
27078	EXTENSIVE HIP SURGERY	1,465
27079	EXTENSIVE HIP SURGERY	1,443
27080	REMOVE TAIL BONE	696
27086	REMOVE HIP FOREIGN BODY	228
27087	REMOVE HIP FOREIGN BODY	949
27090	REMOVE HIP PROSTHESIS	1,253
27091	REMOVE HIP PROSTHESIS	2,276
27093	INJECTION FOR HIP X-RAY	108
27095	INJECTION FOR HIP X-RAY	122
27096	INJECT SACROILIAC JOINT	102
27097	REVISE HIP TENDON	959
27098	TRANSFER TENDON TO PELVIS	967
27100	TRANSFER ABDOMINAL MUSCLE	1,237

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
27105	TRANSFER SPINAL MUSCLE	1,300
27110	TRANSFER ILIOPSOAS MUSCLE	1,402
27111	TRANSFER ILIOPSOAS MUSCLE	1,330
27120	RECONSTRUCT HIP SOCKET	1,877
27122	RECONSTRUCT HIP SOCKET	1,637
27125	PARTIAL HIP REPLACEMENT	1,592
27130	TOTAL HIP ARTHROPLASTY	2,105
27132	TOTAL HIP ARTHROPLASTY	2,451
27134	REVISE HIP JOINT REPLACEMENT	2,917
27137	REVISE HIP JOINT REPLACEMENT	2,210
27138	REVISE HIP JOINT REPLACEMENT	2,302
27140	TRANSPLANT FEMUR RIDGE	1,361
27146	INCISE HIP BONE	1,857
27147	REVISE HIP BONE	2,131
27151	INCISE HIP BONES	1,928
27156	REVISE HIP BONES	2,559
27158	REVISE PELVIS	1,923
27161	INCISE NECK FEMUR	1,815
27165	INCISE/FIXATE FEMUR	1,939
27170	REPAIR/GRAFT FEMUR HEAD/NEC	1,724
27175	TREAT SLIPPED EPIPHYSIS	951
27176	TREAT SLIPPED EPIPHYSIS	1,331
27177	TREAT SLIPPED EPIPHYSIS	1,634
27178	TREAT SLIPPED EPIPHYSIS	1,284
27179	REVISE HEAD/NECK FEMUR	1,444
27181	TREAT SLIPPED EPIPHYSIS	1,517
27185	REVISE FEMUR EPIPHYSIS	1,090
27187	REINFORCE HIP BONES	1,502
27193	TREAT PELVIC RING FRACTURE	668
27194	TREAT PELVIC RING FRACTURE	1,086
27200	TREAT TAIL BONE FRACTURE	248
27202	TREAT TAIL BONE FRACTURE	1,479
27215	TREAT PELVIC FRACTURE(S)	1,089
27216	TREAT PELVIC RING FRACTURE	1,561
27217	TREAT PELVIC RING FRACTURE	1,524
27218	TREAT PELVIC RING FRACTURE	1,988
27220	TREAT HIP SOCKET FRACTURE	741
27222	TREAT HIP SOCKET FRACTURE	1,425
27226	TREAT HIP WALL FRACTURE	1,428
27227	TREAT HIP FRACTURE(S)	2,445
27228	TREAT HIP FRACTURE(S)	2,818
27230	TREAT THIGH FRACTURE	665
27232	TREAT THIGH FRACTURE	1,123
27235	TREAT THIGH FRACTURE	1,359
27236	TREAT THIGH FRACTURE	1,677
27238	TREAT THIGH FRACTURE	665

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
27240	TREAT THIGH FRACTURE	1,381
27244	TREAT THIGH FRACTURE	1,714
27245	TREAT THIGH FRACTURE	2,143
27246	TREAT THIGH FRACTURE	572
27248	TREAT THIGH FRACTURE	1,172
27250	TREAT HIP DISLOCATION	699
27252	TREAT HIP DISLOCATION	1,114
27253	TREAT HIP DISLOCATION	1,428
27254	TREAT HIP DISLOCATION	1,906
27256	TREAT HIP DISLOCATION	378
27257	TREAT HIP DISLOCATION	496
27258	TREAT HIP DISLOCATION	1,653
27259	TREAT HIP DISLOCATION	2,246
27265	TREAT HIP DISLOCATION	605
27266	TREAT HIP DISLOCATION	869
27275	MANIPULATE HIP JOINT	275
27280	FUSE SACROILIAC JOINT	1,498
27282	FUSE PUBIC BONES	1,211
27284	FUSE HIP JOINT	2,399
27286	FUSE HIP JOINT	2,422
27290	AMPUTATE LEG AT HIP	2,323
27295	AMPUTATE LEG AT HIP	1,873
27299	PELVIS/HIP JOINT SURGERY	280
27301	DRAIN THIGH/KNEE LESION	726
27303	DRAIN BONE LESION	958
27305	INCISE THIGH TENDON & FASCI	696
27306	INCISE THIGH TENDON	588
27307	INCISE THIGH TENDONS	704
27310	EXPLORE KNEE JOINT	1,059
27315	PARTIAL REMOVE THIGH NERVE	744
27320	PARTIAL REMOVE THIGH NERVE	723
27323	BIOPSY THIGH SOFT TISSUES	254
27324	BIOPSY THIGH SOFT TISSUES	565
27327	REMOVE THIGH LESION	508
27328	REMOVE THIGH LESION	618
27329	REMOVE TUMOR, THIGH/KNEE	1,443
27330	BIOPSY KNEE JOINT LINING	598
27331	EXPLORE/TREAT KNEE JOINT	716
27332	REMOVE KNEE CARTILAGE	967
27333	REMOVE KNEE CARTILAGE	877
27334	REMOVE KNEE JOINT LINING	1,012
27335	REMOVE KNEE JOINT LINING	1,145
27340	REMOVE KNEECAP BURSA	547
27345	REMOVE KNEE CYST	723
27347	REMOVE KNEE CYST	702
27350	REMOVE KNEECAP	967

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
27355	REMOVE FEMUR LESION	905
27356	REMOVE FEMUR LESION/GRAFT	1,089
27357	REMOVE FEMUR LESION/GRAFT	1,215
27358	REMOVE FEMUR LESION/FIXATIO	458
27360	PARTIAL REMOVE LEG BONE(S)	1,259
27365	EXTENSIVE LEG SURGERY	1,757
27370	INJECTION FOR KNEE X-RAY	77
27372	REMOVE FOREIGN BODY	610
27380	REPAIR KNEECAP TENDON	905
27381	REPAIR/GRAFT KNEECAP TENDON	1,220
27385	REPAIR THIGH MUSCLE	966
27386	REPAIR/GRAFT THIGH MUSCLE	1,261
27390	INCISE THIGH TENDON	654
27391	INCISE THIGH TENDONS	863
27392	INCISE THIGH TENDONS	1,054
27393	LENGTHEN THIGH TENDON	767
27394	LENGTHEN THIGH TENDONS	987
27395	LENGTHEN THIGH TENDONS	1,323
27396	TRANSPLANT THIGH TENDON	932
27397	TRANSPLANT THIGH TENDONS	1,270
27400	REVISE THIGH MUSCLES/TENDON	1,010
27403	REPAIR KNEE CARTILAGE	974
27405	REPAIR KNEE LIGAMENT	1,014
27407	REPAIR KNEE LIGAMENT	1,168
27409	REPAIR KNEE LIGAMENTS	1,437
27412	AUTOCHONDROCYTE IMPLANT KNE	2,413
27415	OSTEOCHONDRAL KNEE ALLOGRAF	2,014
27418	REPAIR DEGENERATED KNEECAP	1,241
27420	REVISE UNSTABLE KNEECAP	1,128
27422	REVISE UNSTABLE KNEECAP	1,125
27424	REVISION/REMOVE KNEECAP	1,125
27425	LAT RETINACULAR RELEASE OPE	673
27427	RECONSTRUCT KNEE	1,079
27428	RECONSTRUCT KNEE	1,586
27429	RECONSTRUCT KNEE	1,756
27430	REVISE THIGH MUSCLES	1,111
27435	INCISE KNEE JOINT	1,130
27437	REVISE KNEECAP	987
27438	REVISE KNEECAP WITH IMPLANT	1,243
27440	REVISE KNEE JOINT	1,035
27441	REVISE KNEE JOINT	1,104
27442	REVISE KNEE JOINT	1,310
27443	REVISE KNEE JOINT	1,235
27445	REVISE KNEE JOINT	1,891
27446	REVISE KNEE JOINT	1,709
27447	TOTAL KNEE ARTHROPLASTY	2,274

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
27448	INCISE THIGH	1,237
27450	INCISE THIGH	1,544
27454	REALIGN THIGH BONE	1,895
27455	REALIGN KNEE	1,428
27457	REALIGN KNEE	1,470
27465	SHORTEN THIGH BONE	1,519
27466	LENGTHEN THIGH BONE	1,768
27468	SHORTEN/LENGTHEN THIGHS	1,973
27470	REPAIR THIGH	1,753
27472	REPAIR/GRAFT THIGH	1,913
27475	SURGERY TO STOP LEG GROWTH	989
27477	SURGERY TO STOP LEG GROWTH	1,106
27479	SURGERY TO STOP LEG GROWTH	1,440
27485	SURGERY TO STOP LEG GROWTH	1,020
27486	REVISE/REPLACE KNEE JOINT	2,063
27487	REVISE/REPLACE KNEE JOINT	2,634
27488	REMOVE KNEE PROSTHESIS	1,726
27495	REINFORCE THIGH	1,697
27496	DECOMPRESS THIGH/KNEE	732
27497	DECOMPRESS THIGH/KNEE	788
27498	DECOMPRESS THIGH/KNEE	870
27499	DECOMPRESS THIGH/KNEE	990
27500	TREAT THIGH FRACTURE	685
27501	TREAT THIGH FRACTURE	710
27502	TREAT THIGH FRACTURE	1,172
27503	TREAT THIGH FRACTURE	1,186
27506	TREAT THIGH FRACTURE	1,902
27507	TREAT THIGH FRACTURE	1,499
27508	TREAT THIGH FRACTURE	708
27509	TREAT THIGH FRACTURE	983
27510	TREAT THIGH FRACTURE	1,032
27511	TREAT THIGH FRACTURE	1,561
27513	TREAT THIGH FRACTURE	2,000
27514	TREAT THIGH FRACTURE	1,927
27516	TREAT THIGH FX GROWTH PLATE	676
27517	TREAT THIGH FX GROWTH PLATE	1,004
27519	TREAT THIGH FX GROWTH PLATE	1,670
27520	TREAT KNEECAP FRACTURE	393
27524	TREAT KNEECAP FRACTURE	1,146
27530	TREAT KNEE FRACTURE	513
27532	TREAT KNEE FRACTURE	863
27535	TREAT KNEE FRACTURE	1,357
27536	TREAT KNEE FRACTURE	1,715
27538	TREAT KNEE FRACTURE(S)	630
27540	TREAT KNEE FRACTURE	1,422
27550	TREAT KNEE DISLOCATION	659

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
27552	TREAT KNEE DISLOCATION	932
27556	TREAT KNEE DISLOCATION	1,638
27557	TREAT KNEE DISLOCATION	1,882
27558	TREAT KNEE DISLOCATION	1,935
27560	TREAT KNEECAP DISLOCATION	426
27562	TREAT KNEECAP DISLOCATION	660
27566	TREAT KNEECAP DISLOCATION	1,355
27570	FIXATE KNEE JOINT	220
27580	FUSE KNEE	2,149
27590	AMPUTATE LEG AT THIGH	1,162
27591	AMPUTATE LEG AT THIGH	1,333
27592	AMPUTATE LEG AT THIGH	1,005
27594	AMPUTATION FOLLOW-UP SURGER	751
27596	AMPUTATION FOLLOW-UP SURGER	1,083
27598	AMPUTATE LOWER LEG AT KNEE	1,096
27599	LEG SURGERY PROCEDURE	371
27600	DECOMPRESS LOWER LEG	633
27601	DECOMPRESS LOWER LEG	650
27602	DECOMPRESS LOWER LEG	776
27603	DRAIN LOWER LEG LESION	565
27604	DRAIN LOWER LEG BURSA	525
27605	INCISE ACHILLES TENDON	322
27606	INCISE ACHILLES TENDON	470
27607	TREAT LOWER LEG BONE LESION	886
27610	EXPLORE/TREAT ANKLE JOINT	962
27612	EXPLORE ANKLE JOINT	836
27613	BIOPSY LOWER LEG SOFT TISSU	241
27614	BIOPSY LOWER LEG SOFT TISSU	624
27615	REMOVE TUMOR, LOWER LEG	1,363
27618	REMOVE LOWER LEG LESION	562
27619	REMOVE LOWER LEG LESION	893
27620	EXPLORE/TREAT ANKLE JOINT	715
27625	REMOVE ANKLE JOINT LINING	920
27626	REMOVE ANKLE JOINT LINING	992
27630	REMOVE TENDON LESION	571
27635	REMOVE LOWER LEG BONE LESIO	910
27637	REMOVE/GRAFT LEG BONE LESIO	1,137
27638	REMOVE/GRAFT LEG BONE LESIO	1,186
27640	PARTIAL REMOVE TIBIA	1,356
27641	PARTIAL REMOVE FIBULA	1,096
27645	EXTENSIVE LOWER LEG SURGERY	1,644
27646	EXTENSIVE LOWER LEG SURGERY	1,480
27647	EXTENSIVE ANKLE/HEEL SURGER	1,231
27648	INJECTION FOR ANKLE X-RAY	77
27650	REPAIR ACHILLES TENDON	1,077
27652	REPAIR/GRAFT ACHILLES TENDO	1,150

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
27654	REPAIR ACHILLES TENDON	1,071
27656	REPAIR LEG FASCIA DEFECT	519
27658	REPAIR LEG TENDON, EACH	595
27659	REPAIR LEG TENDON, EACH	778
27664	REPAIR LEG TENDON, EACH	571
27665	REPAIR LEG TENDON, EACH	648
27675	REPAIR LOWER LEG TENDONS	805
27676	REPAIR LOWER LEG TENDONS	949
27680	RELEASE LOWER LEG TENDON	678
27681	RELEASE LOWER LEG TENDONS	798
27685	REVISE LOWER LEG TENDON	744
27686	REVISE LOWER LEG TENDONS	874
27687	REVISE CALF TENDON	722
27690	REVISE LOWER LEG TENDON	939
27691	REVISE LOWER LEG TENDON	1,110
27692	REVISE ADDITIONAL LEG TENDO	177
27695	REPAIR ANKLE LIGAMENT	773
27696	REPAIR ANKLE LIGAMENTS	917
27698	REPAIR ANKLE LIGAMENT	1,018
27700	REVISE ANKLE JOINT	928
27702	RECONSTRUCT ANKLE JOINT	1,517
27703	RECONSTRUCT ANKLE JOINT	1,706
27704	REMOVE ANKLE IMPLANT	829
27705	INCISE TIBIA	1,166
27707	INCISE FIBULA	583
27709	INCISE TIBIA & FIBULA	1,136
27712	REALIGN LOWER LEG	1,572
27715	REVISE LOWER LEG	1,582
27720	REPAIR TIBIA	1,332
27722	REPAIR/GRAFT TIBIA	1,317
27724	REPAIR/GRAFT TIBIA	1,924
27725	REPAIR LOWER LEG	1,729
27727	REPAIR LOWER LEG	1,532
27730	REPAIR TIBIA EPIPHYSIS	891
27732	REPAIR FIBULA EPIPHYSIS	635
27734	REPAIR LOWER LEG EPIPHYSES	923
27740	REPAIR LEG EPIPHYSES	1,086
27742	REPAIR LEG EPIPHYSES	1,001
27745	REINFORCE TIBIA	1,146
27750	TREAT TIBIA FRACTURE	441
27752	TREAT TIBIA FRACTURE	722
27756	TREAT TIBIA FRACTURE	831
27758	TREAT TIBIA FRACTURE	1,311
27759	TREAT TIBIA FRACTURE	1,514
27760	TREAT ANKLE FRACTURE	411
27762	TREAT ANKLE FRACTURE	657

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
27766	TREAT ANKLE FRACTURE	978
27780	TREAT FIBULA FRACTURE	365
27781	TREAT FIBULA FRACTURE	565
27784	TREAT FIBULA FRACTURE	852
27786	TREAT ANKLE FRACTURE	385
27788	TREAT ANKLE FRACTURE	569
27792	TREAT ANKLE FRACTURE	917
27808	TREAT ANKLE FRACTURE	407
27810	TREAT ANKLE FRACTURE	641
27814	TREAT ANKLE FRACTURE	1,209
27816	TREAT ANKLE FRACTURE	391
27818	TREAT ANKLE FRACTURE	662
27822	TREAT ANKLE FRACTURE	1,358
27823	TREAT ANKLE FRACTURE	1,536
27824	TREAT LOWER LEG FRACTURE	401
27825	TREAT LOWER LEG FRACTURE	724
27826	TREAT LOWER LEG FRACTURE	1,088
27827	TREAT LOWER LEG FRACTURE	1,684
27828	TREAT LOWER LEG FRACTURE	1,894
27829	TREAT LOWER LEG JOINT	768
27830	TREAT LOWER LEG DISLOCATION	473
27831	TREAT LOWER LEG DISLOCATION	562
27832	TREAT LOWER LEG DISLOCATION	790
27840	TREAT ANKLE DISLOCATION	507
27842	TREAT ANKLE DISLOCATION	708
27846	TREAT ANKLE DISLOCATION	1,114
27848	TREAT ANKLE DISLOCATION	1,313
27860	FIXATE ANKLE JOINT	271
27870	FUSE ANKLE JOINT, OPEN	1,534
27871	FUSE TIBIOFIBULAR JOINT	1,053
27880	AMPUTATE LOWER LEG	1,181
27881	AMPUTATE LOWER LEG	1,325
27882	AMPUTATE LOWER LEG	957
27884	AMPUTATION FOLLOW-UP SURGER	869
27886	AMPUTATION FOLLOW-UP SURGER	986
27888	AMPUTATE FOOT AT ANKLE	1,071
27889	AMPUTATE FOOT AT ANKLE	1,023
27892	DECOMPRESS LEG	807
27893	DECOMPRESS LEG	797
27894	DECOMPRESS LEG	1,140
27899	LEG/ANKLE SURGERY PROCEDURE	379
28001	DRAIN BURSA FOOT	288
28002	TREAT FOOT INFECTION	517
28003	TREAT FOOT INFECTION	842
28005	TREAT FOOT BONE LESION	909
28008	INCISE FOOT FASCIA	471

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
28010	INCISE TOE TENDON	321
28011	INCISE TOE TENDONS	461
28020	EXPLORE FOOT JOINT	567
28022	EXPLORE FOOT JOINT	526
28024	EXPLORE TOE JOINT	512
28030	REMOVE FOOT NERVE	601
28035	DECOMPRESS TIBIA NERVE	567
28043	EXCISE FOOT LESION	413
28045	EXCISE FOOT LESION	513
28046	RESECT TUMOR, FOOT	1,028
28050	BIOPSY FOOT JOINT LINING	485
28052	BIOPSY FOOT JOINT LINING	455
28054	BIOPSY TOE JOINT LINING	412
28060	PARTIAL REMOVE FOOT FASCIA	562
28062	REMOVE FOOT FASCIA	648
28070	REMOVE FOOT JOINT LINING	552
28072	REMOVE FOOT JOINT LINING	551
28080	REMOVE FOOT LESION	447
28086	EXCISE FOOT TENDON SHEATH	590
28088	EXCISE FOOT TENDON SHEATH	483
28090	REMOVE FOOT LESION	485
28092	REMOVE TOE LESIONS	442
28100	REMOVE ANKLE/HEEL LESION	642
28102	REMOVE/GRAFT FOOT LESION	850
28103	REMOVE/GRAFT FOOT LESION	688
28104	REMOVE FOOT LESION	559
28106	REMOVE/GRAFT FOOT LESION	716
28107	REMOVE/GRAFT FOOT LESION	602
28108	REMOVE TOE LESIONS	456
28110	PART REMOVE METATARSAL	450
28111	PART REMOVE METATARSAL	535
28112	PART REMOVE METATARSAL	498
28113	PART REMOVE METATARSAL	561
28114	REMOVE METATARSAL HEADS	1,127
28116	REVISE FOOT	797
28118	REMOVE HEEL BONE	638
28119	REMOVE HEEL SPUR	561
28120	PART REMOVE ANKLE/HEEL	608
28122	PARTIAL REMOVE FOOT BONE	776
28124	PARTIAL REMOVE TOE	520
28126	PARTIAL REMOVE TOE	401
28130	REMOVE ANKLE BONE	924
28140	REMOVE METATARSAL	720
28150	REMOVE TOE	454
28153	PARTIAL REMOVE TOE	390
28160	PARTIAL REMOVE TOE	436

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
28171	EXTENSIVE FOOT SURGERY	931
28173	EXTENSIVE FOOT SURGERY	862
28175	EXTENSIVE FOOT SURGERY	598
28190	REMOVE FOOT FOREIGN BODY	210
28192	REMOVE FOOT FOREIGN BODY	510
28193	REMOVE FOOT FOREIGN BODY	594
28200	REPAIR FOOT TENDON	503
28202	REPAIR/GRAFT FOOT TENDON	699
28208	REPAIR FOOT TENDON	473
28210	REPAIR/GRAFT FOOT TENDON	638
28220	RELEASE FOOT TENDON	489
28222	RELEASE FOOT TENDONS	598
28225	RELEASE FOOT TENDON	403
28226	RELEASE FOOT TENDONS	509
28230	INCISE FOOT TENDON(S)	487
28232	INCISE TOE TENDON	413
28234	INCISE FOOT TENDON	414
28238	REVISE FOOT TENDON	783
28240	RELEASE BIG TOE	484
28250	REVISE FOOT FASCIA	622
28260	RELEASE MIDFOOT JOINT	803
28261	REVISE FOOT TENDON	1,175
28262	REVISE FOOT AND ANKLE	1,675
28264	RELEASE MIDFOOT JOINT	1,096
28270	RELEASE FOOT CONTRACTURE	523
28272	RELEASE TOE JOINT, EACH	408
28280	FUSE TOES	598
28285	REPAIR HAMMERTOE	493
28286	REPAIR HAMMERTOE	480
28288	PARTIAL REMOVE FOOT BONE	594
28289	REPAIR HALLUX RIGIDUS	794
28290	CORRECT BUNION	644
28292	CORRECT BUNION	775
28293	CORRECT BUNION	937
28294	CORRECT BUNION	817
28296	CORRECT BUNION	900
28297	CORRECT BUNION	958
28298	CORRECT BUNION	798
28299	CORRECT BUNION	1,026
28300	INCISE HEEL BONE	1,037
28302	INCISE ANKLE BONE	1,022
28304	INCISE MIDFOOT BONES	922
28305	INCISE/GRAFT MIDFOOT BONES	1,056
28306	INCISE METATARSAL	622
28307	INCISE METATARSAL	720
28308	INCISE METATARSAL	553

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
28309	INCISE METATARSALS	1,297
28310	REVISE BIG TOE	553
28312	REVISE TOE	506
28313	REPAIR DEFORMITY TOE	610
28315	REMOVE SESAMOID BONE	505
28320	REPAIR FOOT BONES	992
28322	REPAIR METATARSALS	914
28340	RESECT ENLARGED TOE TISSUE	688
28341	RESECT ENLARGED TOE	811
28344	REPAIR EXTRA TOE(S)	484
28345	REPAIR WEBBED TOE(S)	655
28360	RECONSTRUCT CLEFT FOOT	1,496
28400	TREAT HEEL FRACTURE	325
28405	TREAT HEEL FRACTURE	573
28406	TREAT HEEL FRACTURE	822
28415	TREAT HEEL FRACTURE	1,833
28420	TREAT/GRAFT HEEL FRACTURE	1,854
28430	TREAT ANKLE FRACTURE	289
28435	TREAT ANKLE FRACTURE	445
28436	TREAT ANKLE FRACTURE	664
28445	TREAT ANKLE FRACTURE	1,671
28450	TREAT MIDFOOT FRACTURE, EAC	271
28455	TREAT MIDFOOT FRACTURE, EAC	403
28456	TREAT MIDFOOT FRACTURE	425
28465	TREAT MIDFOOT FRACTURE, EAC	831
28470	TREAT METATARSAL FRACTURE	275
28475	TREAT METATARSAL FRACTURE	384
28476	TREAT METATARSAL FRACTURE	520
28485	TREAT METATARSAL FRACTURE	692
28490	TREAT BIG TOE FRACTURE	168
28495	TREAT BIG TOE FRACTURE	224
28496	TREAT BIG TOE FRACTURE	343
28505	TREAT BIG TOE FRACTURE	478
28510	TREAT TOE FRACTURE	161
28515	TREAT TOE FRACTURE	206
28525	TREAT TOE FRACTURE	419
28530	TREAT SESAMOID BONE FRACTUR	154
28531	TREAT SESAMOID BONE FRACTUR	274
28540	TREAT FOOT DISLOCATION	274
28545	TREAT FOOT DISLOCATION	298
28546	TREAT FOOT DISLOCATION	472
28555	REPAIR FOOT DISLOCATION	749
28570	TREAT FOOT DISLOCATION	247
28575	TREAT FOOT DISLOCATION	440
28576	TREAT FOOT DISLOCATION	521
28585	REPAIR FOOT DISLOCATION	863

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
28600	TREAT FOOT DISLOCATION	283
28605	TREAT FOOT DISLOCATION	362
28606	TREAT FOOT DISLOCATION	600
28615	REPAIR FOOT DISLOCATION	989
28630	TREAT TOE DISLOCATION	165
28635	TREAT TOE DISLOCATION	212
28636	TREAT TOE DISLOCATION	336
28645	REPAIR TOE DISLOCATION	463
28660	TREAT TOE DISLOCATION	123
28665	TREAT TOE DISLOCATION	207
28666	TREAT TOE DISLOCATION	328
28675	REPAIR TOE DISLOCATION	390
28705	FUSE FOOT BONES	1,957
28715	FUSE FOOT BONES	1,432
28725	FUSE FOOT BONES	1,241
28730	FUSE FOOT BONES	1,201
28735	FUSE FOOT BONES	1,164
28737	REVISE FOOT BONES	1,025
28740	FUSE FOOT BONES	902
28750	FUSE BIG TOE JOINT	870
28755	FUSE BIG TOE JOINT	525
28760	FUSE BIG TOE JOINT	820
28800	AMPUTATE MIDFOOT	867
28805	AMPUTATION THRU METATARSAL	870
28810	AMPUTATE TOE & METATARSAL	661
28820	AMPUTATE TOE	506
28825	PARTIAL AMPUTATE TOE	437
28890	HIGH ENERGY ESWT, PLANTAR F	331
28899	FOOT/TOES SURGERY PROCEDURE	286
29000	APPLY BODY CAST	252
29010	APPLY BODY CAST	246
29015	APPLY BODY CAST	245
29020	APPLY BODY CAST	217
29025	APPLY BODY CAST	269
29035	APPLY BODY CAST	209
29040	APPLY BODY CAST	233
29044	APPLY BODY CAST	252
29046	APPLY BODY CAST	283
29049	APPLY FIGURE EIGHT	88
29055	APPLY SHOULDER CAST	204
29058	APPLY SHOULDER CAST	125
29065	APPLY LONG ARM CAST	102
29075	APPLY FOREARM CAST	91
29085	APPLY HAND/WRIST CAST	94
29086	APPLY FINGER CAST	68
29105	APPLY LONG ARM SPLINT	85

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
29125	APPLY FOREARM SPLINT	60
29126	APPLY FOREARM SPLINT	74
29130	APPLY FINGER SPLINT	41
29131	APPLY FINGER SPLINT	47
29200	STRAP CHEST	59
29220	STRAP LOW BACK	61
29240	STRAP SHOULDER	64
29260	STRAP ELBOW OR WRIST	53
29280	STRAP HAND OR FINGER	49
29305	APPLY HIP CAST	238
29325	APPLY HIP CASTS	269
29345	APPLY LONG LEG CAST	154
29355	APPLY LONG LEG CAST	166
29358	APPLY LONG LEG CAST BRACE	158
29365	APPLY LONG LEG CAST	134
29405	APPLY SHORT LEG CAST	98
29425	APPLY SHORT LEG CAST	109
29435	APPLY SHORT LEG CAST	132
29440	ADD WALKER TO CAST	52
29445	APPLY RIGID LEG CAST	171
29450	APPLY LEG CAST	195
29505	APPLY LONG LEG SPLINT	70
29515	APPLY LOWER LEG SPLINT	73
29520	STRAP HIP	60
29530	STRAP KNEE	54
29540	STRAP ANKLE AND/OR FT	50
29550	STRAP TOES	46
29580	APPLY PASTE BOOT	56
29590	APPLY FOOT SPLINT	64
29700	REMOVE/REVISE CAST	53
29705	REMOVE/REVISE CAST	72
29710	REMOVE/REVISE CAST	127
29715	REMOVE/REVISE CAST	81
29720	REPAIR BODY CAST	68
29730	WINDOW CAST	69
29740	WEDGE CAST	101
29750	WEDGE CLUBFOOT CAST	116
29799	CASTING/STRAPPING PROCEDURE	191
29800	JAW ARTHROSCOPY/SURGERY	833
29804	JAW ARTHROSCOPY/SURGERY	987
29805	SHOULDER ARTHROSCOPY, DIAG	725
29806	SHOULDER ARTHROSCOPY/SURGER	1,605
29807	SHOULDER ARTHROSCOPY/SURGER	1,565
29819	SHOULDER ARTHROSCOPY/SURGER	905
29820	SHOULDER ARTHROSCOPY/SURGER	834
29821	SHOULDER ARTHROSCOPY/SURGER	911

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
29822	SHOULDER ARTHROSCOPY/SURGER	886
29823	SHOULDER ARTHROSCOPY/SURGER	966
29824	SHOULDER ARTHROSCOPY/SURGER	990
29825	SHOULDER ARTHROSCOPY/SURGER	903
29826	SHOULDER ARTHROSCOPY/SURGER	1,038
29827	ARTHROSCOPY ROTATOR CUFF RE	1,691
29830	ELBOW ARTHROSCOPY	696
29834	ELBOW ARTHROSCOPY/SURGERY	760
29835	ELBOW ARTHROSCOPY/SURGERY	776
29836	ELBOW ARTHROSCOPY/SURGERY	896
29837	ELBOW ARTHROSCOPY/SURGERY	816
29838	ELBOW ARTHROSCOPY/SURGERY	915
29840	WRIST ARTHROSCOPY	675
29843	WRIST ARTHROSCOPY/SURGERY	724
29844	WRIST ARTHROSCOPY/SURGERY	762
29845	WRIST ARTHROSCOPY/SURGERY	863
29846	WRIST ARTHROSCOPY/SURGERY	799
29847	WRIST ARTHROSCOPY/SURGERY	826
29848	WRIST ENDOSCOPY/SURGERY	688
29850	KNEE ARTHROSCOPY/SURGERY	825
29851	KNEE ARTHROSCOPY/SURGERY	1,443
29855	TIBIAL ARTHROSCOPY/SURGERY	1,218
29856	TIBIAL ARTHROSCOPY/SURGERY	1,557
29860	HIP ARTHROSCOPY, DIAG	940
29861	HIP ARTHROSCOPY/SURGERY	1,037
29862	HIP ARTHROSCOPY/SURGERY	1,154
29863	HIP ARTHROSCOPY/SURGERY	1,141
29866	AUTOGRAFT IMPLANT, KNEE W/S	1,586
29867	ALLOGRAFT IMPLANT, KNEE W/S	1,893
29868	MENISCAL TRANSPLANT, KNEE WE	2,556
29870	KNEE ARTHROSCOPY, DIAG	623
29871	KNEE ARTHROSCOPY/DRAIN	780
29873	KNEE ARTHROSCOPY/SURGERY	788
29874	KNEE ARTHROSCOPY/SURGERY	819
29875	KNEE ARTHROSCOPY/SURGERY	763
29876	KNEE ARTHROSCOPY/SURGERY	938
29877	KNEE ARTHROSCOPY/SURGERY	885
29879	KNEE ARTHROSCOPY/SURGERY	952
29880	KNEE ARTHROSCOPY/SURGERY	996
29881	KNEE ARTHROSCOPY/SURGERY	924
29882	KNEE ARTHROSCOPY/SURGERY	998
29883	KNEE ARTHROSCOPY/SURGERY	1,264
29884	KNEE ARTHROSCOPY/SURGERY	881
29885	KNEE ARTHROSCOPY/SURGERY	1,072
29886	KNEE ARTHROSCOPY/SURGERY	903
29887	KNEE ARTHROSCOPY/SURGERY	1,066

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
29888	KNEE ARTHROSCOPY/SURGERY	1,516
29889	KNEE ARTHROSCOPY/SURGERY	1,788
29891	ANKLE ARTHROSCOPY/SURGERY	996
29892	ANKLE ARTHROSCOPY/SURGERY	1,044
29893	SCOPE PLANTAR FASCIOTOMY	565
29894	ANKLE ARTHROSCOPY/SURGERY	793
29895	ANKLE ARTHROSCOPY/SURGERY	778
29897	ANKLE ARTHROSCOPY/SURGERY	817
29898	ANKLE ARTHROSCOPY/SURGERY	905
29899	ANKLE ARTHROSCOPY/SURGERY	1,537
29900	MCP JOINT ARTHROSCOPY, DIAG	707
29901	MCP JOINT ARTHROSCOPY, SURG	777
29902	MCP JOINT ARTHROSCOPY, SURG	829
30000	DRAIN NOSE LESION	170
30020	DRAIN NOSE LESION	175
30100	INTRANASAL BIOPSY	106
30110	REMOVE NOSE POLYP(S)	193
30115	REMOVE NOSE POLYP(S)	615
30117	REMOVE INTRANASAL LESION	472
30118	REMOVE INTRANASAL LESION	1,140
30120	REVISE NOSE	686
30124	REMOVE NOSE LESION	406
30125	REMOVE NOSE LESION	938
30130	EXCISE INFERIOR TURBINATE	546
30140	RESECT INFERIOR TURBINATE	587
30150	PARTIAL REMOVE NOSE	1,228
30160	REMOVE NOSE	1,201
30200	INJECTION TREAT NOSE	92
30210	NASAL SINUS THERAPY	145
30220	INSERT NASAL SEPTAL BUTTON	185
30300	REMOVE NASAL FOREIGN BODY	179
30310	REMOVE NASAL FOREIGN BODY	307
30320	REMOVE NASAL FOREIGN BODY	702
30400	RECONSTRUCT NOSE	1,548
30410	RECONSTRUCT NOSE	1,917
30420	RECONSTRUCT NOSE	2,051
30430	REVISE NOSE	1,422
30435	REVISE NOSE	1,898
30450	REVISE NOSE	2,474
30460	REVISE NOSE	1,213
30462	REVISE NOSE	2,452
30465	REPAIR NASAL STENOSIS	1,431
30520	REPAIR NASAL SEPTUM	747
30540	REPAIR NASAL DEFECT	1,032
30545	REPAIR NASAL DEFECT	1,445
30560	RELEASE NASAL ADHESIONS	206

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
30580	REPAIR UPPER JAW FISTULA	770
30600	REPAIR MOUTH/NOSE FISTULA	676
30620	INTRANASAL RECONSTRUCTION	901
30630	REPAIR NASAL SEPTUM DEFECT	912
30801	ABLATE INF TURBINATE, SUPER	183
30802	CAUTERIZE INNER NOSE	266
30901	CONTROL NOSEBLEED	92
30903	CONTROL NOSEBLEED	122
30905	CONTROL NOSEBLEED	164
30906	REPEAT CONTROL NOSEBLEED	219
30915	LIGATE NASAL SINUS ARTERY	838
30920	LIGATE UPPER JAW ARTERY	1,135
30930	THER FX, NASAL INF TURBINAT	175
30999	NASAL SURGERY PROCEDURE	294
31000	IRRIGATE MAXILLARY SINUS	154
31002	IRRIGATE SPHENOID SINUS	312
31020	EXPLORE MAXILLARY SINUS	496
31030	EXPLORE MAXILLARY SINUS	767
31032	EXPLORE SINUS, REMOVE POLYP	837
31040	EXPLORE BEHIND UPPER JAW	1,168
31050	EXPLORE SPHENOID SINUS	707
31051	SPHENOID SINUS SURGERY	930
31070	EXPLORE FRONTAL SINUS	620
31075	EXPLORE FRONTAL SINUS	1,142
31080	REMOVE FRONTAL SINUS	1,524
31081	REMOVE FRONTAL SINUS	1,689
31084	REMOVE FRONTAL SINUS	1,636
31085	REMOVE FRONTAL SINUS	1,729
31086	REMOVE FRONTAL SINUS	1,580
31087	REMOVE FRONTAL SINUS	1,566
31090	EXPLORE SINUSES	1,346
31200	REMOVE ETHMOID SINUS	855
31201	REMOVE ETHMOID SINUS	1,068
31205	REMOVE ETHMOID SINUS	1,329
31225	REMOVE UPPER JAW	2,237
31230	REMOVE UPPER JAW	2,491
31231	NASAL ENDOSCOPY, DIAG	119
31233	NASAL/SINUS ENDOSCOPY, DIAG	221
31235	NASAL/SINUS ENDOSCOPY, DIAG	264
31237	NASAL/SINUS ENDOSCOPY, SURG	295
31238	NASAL/SINUS ENDOSCOPY, SURG	323
31239	NASAL/SINUS ENDOSCOPY, SURG	1,003
31240	NASAL/SINUS ENDOSCOPY, SURG	263
31254	REVISE ETHMOID SINUS	454
31255	REMOVE ETHMOID SINUS	674
31256	EXPLORE MAXILLARY SINUS	328

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
31267	ENDOSCOPY, MAXILLARY SINUS	531
31276	SINUS ENDOSCOPY, SURGICAL	849
31287	NASAL/SINUS ENDOSCOPY, SURG	387
31288	NASAL/SINUS ENDOSCOPY, SURG	449
31290	NASAL/SINUS ENDOSCOPY, SURG	1,762
31291	NASAL/SINUS ENDOSCOPY, SURG	1,855
31292	NASAL/SINUS ENDOSCOPY, SURG	1,528
31293	NASAL/SINUS ENDOSCOPY, SURG	1,659
31294	NASAL/SINUS ENDOSCOPY, SURG	1,920
31299	SINUS SURGERY PROCEDURE	904
31300	REMOVE LARYNX LESION	1,769
31320	DIAGNOSTIC INCISION, LARYNX	947
31360	REMOVE LARYNX	2,040
31365	REMOVE LARYNX	2,684
31367	PARTIAL REMOVE LARYNX	2,642
31368	PARTIAL REMOVE LARYNX	3,173
31370	PARTIAL REMOVE LARYNX	2,636
31375	PARTIAL REMOVE LARYNX	2,451
31380	PARTIAL REMOVE LARYNX	2,468
31382	PARTIAL REMOVE LARYNX	2,545
31390	REMOVE LARYNX & PHARYNX	3,131
31395	RECONSTRUCT LARYNX & PHARYN	3,581
31400	REVISE LARYNX	1,457
31420	REMOVE EPIGLOTTIS	1,192
31500	INSERT EMERGENCY AIRWAY	171
31502	CHANGE WINDPIPE AIRWAY	56
31505	DIAGNOSTIC LARYNGOSCOPY	74
31510	LARYNGOSCOPY WITH BIOPSY	191
31511	REMOVE FOREIGN BODY, LARYNX	194
31512	REMOVE LARYNX LESION	207
31513	INJECTION INTO VOCAL CORD	214
31515	LARYNGOSCOPY FOR ASPIRATION	172
31520	DIAG LARYNGOSCOPY, NEWBORN	247
31525	DIAG LARYNGOSCOPY EXCL NB	258
31526	DIAG LARYNGOSCOPY W/OPER SC	258
31527	LARYNGOSCOPY FOR TREATMENT	309
31528	LARYNGOSCOPY AND DILATION	230
31529	LARYNGOSCOPY AND DILATION	264
31530	LARYNGOSCOPY W/FB REMOVE	322
31531	LARYNGOSCOPY W/FB & OP SCOP	352
31535	LARYNGOSCOPY W/BIOPSY	310
31536	LARYNGOSCOPY W/BIOPSY & OP	349
31540	LARYNGOSCOPY W/EXCISE TUMOR	401
31541	LARYNGOSCOPY W/TUMOR EXCISEO	439
31545	REMOVE VC LESION W/SCOPE	580
31546	REMOVE VC LESION SCOPE/GRAF	882

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
31560	LARYNGOSCOPY W/ARYTENOIDECT	517
31561	LARYNGOSCOPY, REMOVE CART +P	563
31570	LARYNGOSCOPE W/VC INJECT	375
31571	LARYNGOSCOPY W/VC INJECT +	413
31575	DIAGNOSTIC LARYNGOSCOPY	120
31576	LARYNGOSCOPY WITH BIOPSY	195
31577	REMOVE FOREIGN BODY, LARYNX	241
31578	REMOVE LARYNX LESION	262
31579	DIAGNOSTIC LARYNGOSCOPY	225
31580	REVISE LARYNX	1,712
31582	REVISE LARYNX	2,868
31584	TREAT LARYNX FRACTURE	2,286
31587	REVISE LARYNX	1,280
31588	REVISE LARYNX	1,614
31590	REINNERVATE LARYNX	1,383
31595	LARYNX NERVE SURGERY	1,143
31599	LARYNX SURGERY PROCEDURE	2,100
31600	INCISE WINDPIPE	633
31601	INCISE WINDPIPE	413
31603	INCISE WINDPIPE	356
31605	INCISE WINDPIPE	290
31610	INCISE WINDPIPE	1,031
31611	SURGERY/SPEECH PROSTHESIS	768
31612	PUNCTURE/CLEAR WINDPIPE	76
31613	REPAIR WINDPIPE OPENING	643
31614	REPAIR WINDPIPE OPENING	958
31615	VISUALIZE WINDPIPE	197
31620	ENDOBONCHIAL US, ADD-ON	117
31622	DIAG BRONCHOSCOPE/WASH	228
31623	DIAG BRONCHOSCOPE/BRUSH	230
31624	DIAG BRONCHOSCOPE/LAVAGE	230
31625	BRONCHOSCOPY W/BIOPSY(S)	269
31628	BRONCHOSCOPY/LUNG BIOPSY, E	299
31629	BRONCHOSCOPY/NEEDLE BIOPSY,	320
31630	BRONCHOSCOPY DILATE/FX REPA	332
31631	BRONCHOSCOPY, DILATE W/STEN	367
31632	BRONCHOSCOPY/LUNG BIOPSY,, N	85
31633	BRONCHOSCOPY/NEEDLE BIOPSY,O	106
31635	BRONCHOSCOPY W/FB REMOVE	303
31636	BRONCHOSCOPY, BRONCH STENTS	362
31637	BRONCHOSCOPY, STENT, ADD-ON	128
31638	BRONCHOSCOPY, REVISE STENT	402
31640	BRONCHOSCOPY W/TUMOR EXCISE	423
31641	BRONCHOSCOPY, TREAT BLOCKAG	411
31643	DIAG BRONCHOSCOPE/CATHETER	278
31645	BRONCHOSCOPY, CLEAR AIRWAYS	251

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
31646	BRONCHOSCOPY, RECLEAR AIRWA	219
31656	BRONCHOSCOPY, INJECT FOR X-	178
31700	INSERT AIRWAY CATHETER	120
31708	INSTILL AIRWAY CONTRAST DYE	110
31710	INSERT AIRWAY CATHETER	103
31715	INJECTION FOR BRONCHUS X-RA	86
31717	BRONCHIAL BRUSH BIOPSY	173
31720	CLEAR AIRWAYS	82
31725	CLEAR AIRWAYS	151
31730	INTRO WINDPIPE WIRE/TUBE	229
31750	REPAIR WINDPIPE	1,851
31755	REPAIR WINDPIPE	2,452
31760	REPAIR WINDPIPE	2,040
31766	RECONSTRUCT WINDPIPE	2,746
31770	REPAIR/GRAFT BRONCHUS	2,015
31775	RECONSTRUCT BRONCHUS	2,175
31780	RECONSTRUCT WINDPIPE	1,740
31781	RECONSTRUCT WINDPIPE	2,157
31785	REMOVE WINDPIPE LESION	1,657
31786	REMOVE WINDPIPE LESION	2,294
31800	REPAIR WINDPIPE INJURY	1,018
31805	REPAIR WINDPIPE INJURY	1,260
31820	CLOSE WINDPIPE LESION	491
31825	REPAIR WINDPIPE DEFECT	733
31830	REVISE WINDPIPE SCAR	515
31899	AIRWAYS SURGICAL PROCEDURE	1,407
32000	DRAIN CHEST	119
32002	TREAT COLLAPSED LUNG	192
32005	TREAT LUNG LINING CHEMICALL	176
32019	INSERT PLEURAL CATHETER	353
32020	INSERT CHEST TUBE	324
32035	EXPLORE CHEST	902
32036	EXPLORE CHEST	1,002
32095	BIOPSY THROUGH CHEST WALL	853
32100	EXPLORE/BIOPSY CHEST	1,434
32110	EXPLORE/REPAIR CHEST	2,091
32120	RE-EXPLORE CHEST	1,154
32124	EXPLORE CHEST FREE ADHESION	1,241
32140	REMOVE LUNG LESION(S)	1,340
32141	REMOVE/TREAT LUNG LESIONS	1,338
32150	REMOVE LUNG LESION(S)	1,349
32151	REMOVE LUNG FOREIGN BODY	1,378
32160	OPEN CHEST HEART MASSAGE	903
32200	DRAIN, OPEN, LUNG LESION	1,481
32201	DRAIN, PERCUT, LUNG LESION	312
32215	TREAT CHEST LINING	1,134

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
32220	RELEASE LUNG	2,300
32225	PARTIAL RELEASE LUNG	1,345
32310	REMOVE CHEST LINING	1,296
32320	FREE/REMOVE CHEST LINING	2,249
32400	NEEDLE BIOPSY CHEST LINING	136
32402	OPEN BIOPSY CHEST LINING	785
32405	BIOPSY LUNG OR MEDIASTINUM	151
32420	PUNCTURE/CLEAR LUNG	168
32440	REMOVE LUNG	2,358
32442	SLEEVE PNEUMONECTOMY	2,549
32445	REMOVE LUNG	2,436
32480	PARTIAL REMOVE LUNG	2,228
32482	BILOBECTOMY	2,358
32484	SEGMENTECTOMY	1,994
32486	SLEEVE LOBECTOMY	2,311
32488	COMPLETION PNEUMONECTOMY	2,458
32491	LUNG VOLUME REDUCTION	2,099
32500	PARTIAL REMOVE LUNG	2,138
32501	REPAIR BRONCHUS, ADD-ON	386
32503	RESECT APICAL LUNG TUMOR	2,805
32504	RESECT APICAL LUNG TUMOR/CH	3,204
32540	REMOVE LUNG LESION	1,505
32601	THORACOSCOPY, DIAGNOSTIC	486
32602	THORACOSCOPY, DIAGNOSTIC	528
32603	THORACOSCOPY, DIAGNOSTIC	675
32604	THORACOSCOPY, DIAGNOSTIC	760
32605	THORACOSCOPY, DIAGNOSTIC	611
32606	THORACOSCOPY, DIAGNOSTIC	730
32650	THORACOSCOPY, SURGICAL	1,088
32651	THORACOSCOPY, SURGICAL	1,251
32652	THORACOSCOPY, SURGICAL	1,790
32653	THORACOSCOPY, SURGICAL	1,234
32654	THORACOSCOPY, SURGICAL	1,232
32655	THORACOSCOPY, SURGICAL	1,263
32656	THORACOSCOPY, SURGICAL	1,296
32657	THORACOSCOPY, SURGICAL	1,326
32658	THORACOSCOPY, SURGICAL	1,179
32659	THORACOSCOPY, SURGICAL	1,179
32660	THORACOSCOPY, SURGICAL	1,650
32661	THORACOSCOPY, SURGICAL	1,307
32662	THORACOSCOPY, SURGICAL	1,560
32663	THORACOSCOPY, SURGICAL	1,818
32664	THORACOSCOPY, SURGICAL	1,370
32665	THORACOSCOPY, SURGICAL	1,466
32800	REPAIR LUNG HERNIA	1,311
32810	CLOSE CHEST AFTER DRAIN	1,280

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
32815	CLOSE BRONCHIAL FISTULA	2,117
32820	RECONSTRUCT INJURED CHEST	2,061
32850	DONOR PNEUMONECTOMY	2,861
32851	LUNG TRANSPLANT, SINGLE	4,113
32852	LUNG TRANSPLANT WITH BYPASS	4,649
32853	LUNG TRANSPLANT, DOUBLE	4,946
32854	LUNG TRANSPLANT WITH BYPASS	5,312
32900	REMOVE RIB(S)	1,874
32905	REVISE & REPAIR CHEST WALL	1,927
32906	REVISE & REPAIR CHEST WALL	2,419
32940	REVISE LUNG	1,800
32960	THERAPEUTIC PNEUMOTHORAX	144
32997	TOTAL LUNG LAVAGE	476
32999	CHEST SURGERY PROCEDURE	635
33010	DRAIN HEART SAC	179
33011	REPEAT DRAIN HEART SAC	181
33015	INCISE HEART SAC	712
33020	INCISE HEART SAC	1,203
33025	INCISE HEART SAC	1,148
33030	PARTIAL REMOVE HEART SAC	1,761
33031	PARTIAL REMOVE HEART SAC	1,977
33050	REMOVE HEART SAC LESION	1,382
33120	REMOVE HEART LESION	2,253
33130	REMOVE HEART LESION	1,954
33140	HEART REVASCULARIZE (TMR)	1,916
33141	HEART TMR W/OTHER PROCEDURE	399
33200	INSERT HEART PACEMAKER	1,195
33201	INSERT HEART PACEMAKER	1,035
33206	INSERT HEART PACEMAKER	668
33207	INSERT HEART PACEMAKER	760
33208	INSERT HEART PACEMAKER	770
33210	INSERT HEART ELECTRODE	268
33211	INSERT HEART ELECTRODE	278
33212	INSERT PULSE GENERATOR	533
33213	INSERT PULSE GENERATOR	603
33214	UPGRADE PACEMAKER SYSTEM	757
33215	REPOSITION PACING-DEFIB LEA	477
33216	INSERT LEAD PACE-DEFIB, ONE	595
33217	INSERT LEAD PACE-DEFIB, DUA	597
33218	REPAIR LEAD PACE-DEFIB, ONE	583
33220	REPAIR LEAD PACE-DEFIB, DUA	586
33222	REVISE POCKET, PACEMAKER	558
33223	REVISE POCKET, PACING-DEFIB	661
33224	INSERT PACING LEAD & CONNEC	773
33225	LEFT VENTRIC PACING LEAD, A	683
33226	REPOSITION LEFT VENTRIC LEA	744

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
33233	REMOVE PACEMAKER SYSTEM	394
33234	REMOVE PACEMAKER SYSTEM	761
33235	REMOVE PACEMAKER ELECTRODE	974
33236	REMOVE ELECTRODE/THORACOTOM	1,237
33237	REMOVE ELECTRODE/THORACOTOM	1,315
33238	REMOVE ELECTRODE/THORACOTOM	1,446
33240	INSERT PULSE GENERATOR	721
33241	REMOVE PULSE GENERATOR	370
33243	REMOVE ELECTRODE/THORACOTOM	2,059
33244	REMOVE ELECTRODE, TRANSVENO	1,356
33245	INSERT EPIC ELECTRODE PACE-	1,376
33246	INSERT EPIC ELECTRODE/GENER	1,908
33249	ELECTRODE/INSERT PACE-DEFIB	1,338
33250	ABLATE HEART DYSRHYTHM FOCU	2,044
33251	ABLATE HEART DYSRHYTHM FOCU	2,271
33253	RECONSTRUCT ATRIA	2,792
33261	ABLATE HEART DYSRHYTHM FOCU	2,270
33282	IMPLANT PAT-ACTIVE HT RECOR	489
33284	REMOVE PAT-ACTIVE HT RECORD	362
33300	REPAIR HEART WOUND	1,690
33305	REPAIR HEART WOUND	1,993
33310	EXPLORATORY HEART SURGERY	1,741
33315	EXPLORATORY HEART SURGERY	2,069
33320	REPAIR MAJOR BLOOD VESSEL(S	1,536
33321	REPAIR MAJOR VESSEL	1,862
33322	REPAIR MAJOR BLOOD VESSEL(S	1,919
33330	INSERT MAJOR VESSEL GRAFT	1,955
33332	INSERT MAJOR VESSEL GRAFT	2,120
33335	INSERT MAJOR VESSEL GRAFT	2,691
33400	REPAIR AORTIC VALVE	2,743
33401	VALVULOPLASTY, OPEN	2,329
33403	VALVULOPLASTY, W/CP BYPASS	2,431
33404	PREPARE HEART-AORTA CONDUIT	2,687
33405	REPLACE AORTIC VALVE	3,324
33406	REPLACE AORTIC VALVE	3,519
33410	REPLACE AORTIC VALVE	3,047
33411	REPLACE AORTIC VALVE	3,428
33412	REPLACE AORTIC VALVE	3,894
33413	REPLACE AORTIC VALVE	4,008
33414	REPAIR AORTIC VALVE	2,773
33415	REVISE SUBVALVULAR TISSUE	2,445
33416	REVISE VENTRICLE MUSCLE	2,735
33417	REPAIR AORTIC VALVE	2,618
33420	REVISE MITRAL VALVE	1,932
33422	REVISE MITRAL VALVE	2,469
33425	REPAIR MITRAL VALVE	2,497

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
33426	REPAIR MITRAL VALVE	3,127
33427	REPAIR MITRAL VALVE	3,704
33430	REPLACE MITRAL VALVE	3,168
33460	REVISE TRICUSPID VALVE	2,170
33463	VALVULOPLASTY, TRICUSPID	2,402
33464	VALVULOPLASTY, TRICUSPID	2,549
33465	REPLACE TRICUSPID VALVE	2,607
33468	REVISE TRICUSPID VALVE	2,706
33470	REVISE PULMONARY VALVE	1,857
33471	VALVOTOMY, PULMONARY VALVE	1,998
33472	REVISE PULMONARY VALVE	2,136
33474	REVISE PULMONARY VALVE	2,103
33475	REPLACE PULMONARY VALVE	3,014
33476	REVISE HEART CHAMBER	2,278
33478	REVISE HEART CHAMBER	2,474
33496	REPAIR PROSTH VALVE CLOT	2,495
33500	REPAIR HEART VESSEL FISTULA	2,309
33501	REPAIR HEART VESSEL FISTULA	1,586
33502	CORONARY ARTERY CORRECTION	1,993
33503	CORONARY ARTERY GRAFT	1,889
33504	CORONARY ARTERY GRAFT	2,256
33505	REPAIR ARTERY W/TUNNEL	2,384
33506	REPAIR ARTERY, TRANSLOCATIO	3,089
33507	REPAIR ART, INTRAMURAL	2,701
33508	ENDOSCOPIC VEIN HARVEST	25
33510	CABG, VEIN, SINGLE	2,827
33511	CABG, VEIN, TWO	2,935
33512	CABG, VEIN, THREE	3,072
33513	CABG, VEIN, FOUR	3,105
33514	CABG, VEIN, FIVE	3,157
33516	CABG, VEIN, SIX OR MORE	3,345
33517	CABG, ARTERY-VEIN, SINGLE	213
33518	CABG, ARTERY-VEIN, TWO	401
33519	CABG, ARTERY-VEIN, THREE	588
33521	CABG, ARTERY-VEIN, FOUR	777
33522	CABG, ARTERY-VEIN, FIVE	967
33523	CABG, ART-VEIN, SIX OR MORE	1,155
33530	CORONARY ARTERY, BYPASS/REO	485
33533	CABG, ARTERIAL, SINGLE	2,898
33534	CABG, ARTERIAL, TWO	3,102
33535	CABG, ARTERIAL, THREE	3,271
33536	CABG, ARTERIAL, FOUR OR MOR	3,467
33542	REMOVE HEART LESION	2,612
33545	REPAIR HEART DAMAGE	3,252
33548	RESTORE/REMODEL, VENTRICLE	3,563
33572	OPEN CORONARY ENDARTERECTOM	367

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
33600	CLOSE VALVE	2,621
33602	CLOSE VALVE	2,532
33606	ANASTOMOSIS/ARTERY-AORTA	2,759
33608	REPAIR ANOMALY W/CONDUIT	2,821
33610	REPAIR BY ENLARGEMENT	2,755
33611	REPAIR DOUBLE VENTRICLE	2,965
33612	REPAIR DOUBLE VENTRICLE	3,129
33615	REPAIR, MODIFIED FONTAN	2,902
33617	REPAIR SINGLE VENTRICLE	3,310
33619	REPAIR SINGLE VENTRICLE	4,087
33641	REPAIR HEART SEPTUM DEFECT	1,932
33645	REVISE HEART VEINS	2,284
33647	REPAIR HEART SEPTUM DEFECTS	2,599
33660	REPAIR HEART DEFECTS	2,711
33665	REPAIR HEART DEFECTS	2,630
33670	REPAIR HEART CHAMBERS	2,975
33681	REPAIR HEART SEPTUM DEFECT	2,815
33684	REPAIR HEART SEPTUM DEFECT	2,644
33688	REPAIR HEART SEPTUM DEFECT	2,571
33690	REINFORCE PULMONARY ARTERY	1,802
33692	REPAIR HEART DEFECTS	2,783
33694	REPAIR HEART DEFECTS	3,016
33697	REPAIR HEART DEFECTS	3,107
33702	REPAIR HEART DEFECTS	2,422
33710	REPAIR HEART DEFECTS	2,721
33720	REPAIR HEART DEFECT	2,414
33722	REPAIR HEART DEFECT	2,485
33730	REPAIR HEART-VEIN DEFECT(S)	3,011
33732	REPAIR HEART-VEIN DEFECT	2,562
33735	REVISE HEART CHAMBER	1,827
33736	REVISE HEART CHAMBER	2,181
33737	REVISE HEART CHAMBER	2,036
33750	MAJOR VESSEL SHUNT	1,868
33755	MAJOR VESSEL SHUNT	1,908
33762	MAJOR VESSEL SHUNT	1,985
33764	MAJOR VESSEL SHUNT & GRAFT	1,982
33766	MAJOR VESSEL SHUNT	2,160
33767	MAJOR VESSEL SHUNT	2,264
33768	CAVOPULMONARY SHUNTING	666
33770	REPAIR GREAT VESSELS DEFECT	3,233
33771	REPAIR GREAT VESSELS DEFECT	2,959
33774	REPAIR GREAT VESSELS DEFECT	2,853
33775	REPAIR GREAT VESSELS DEFECT	2,950
33776	REPAIR GREAT VESSELS DEFECT	3,106
33777	REPAIR GREAT VESSELS DEFECT	3,083
33778	REPAIR GREAT VESSELS DEFECT	3,558

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
33779	REPAIR GREAT VESSELS DEFECT	3,090
33780	REPAIR GREAT VESSELS DEFECT	3,662
33781	REPAIR GREAT VESSELS DEFECT	3,132
33786	REPAIR ARTERIAL TRUNK	3,467
33788	REVISE PULMONARY ARTERY	2,406
33800	AORTIC SUSPENSION	1,519
33802	REPAIR VESSEL DEFECT	1,655
33803	REPAIR VESSEL DEFECT	1,843
33813	REPAIR SEPTAL DEFECT	1,968
33814	REPAIR SEPTAL DEFECT	2,393
33820	REVISE MAJOR VESSEL	1,531
33822	REVISE MAJOR VESSEL	1,641
33824	REVISE MAJOR VESSEL	1,836
33840	REMOVE AORTA CONSTRICTION	1,880
33845	REMOVE AORTA CONSTRICTION	2,081
33851	REMOVE AORTA CONSTRICTION	1,990
33852	REPAIR SEPTAL DEFECT	2,115
33853	REPAIR SEPTAL DEFECT	2,887
33860	ASCENDING AORTIC GRAFT	3,398
33861	ASCENDING AORTIC GRAFT	3,727
33863	ASCENDING AORTIC GRAFT	3,964
33870	TRANSVERSE AORTIC ARCH GRAF	3,891
33875	THORACIC AORTIC GRAFT	2,937
33877	THORACOABDOMINAL GRAFT	3,653
33880	ENDOVASC TAA REPAIR INCL SU	2,790
33881	ENDOVASC TAA REPAIR W/O SUB	2,399
33883	INSERT ENDOVASC PROSTH, TAA	1,776
33884	ENDOVASC PROSTH, TAA, ADD-O	655
33886	ENDOVASC PROSTH, DELAYED	1,536
33889	ARTERY TRANSPOSE/ENDOVASC T	1,307
33891	CAR-CAR BP GRAFT/ENDOVASC T	1,670
33910	REMOVE LUNG ARTERY EMBOLI	2,246
33915	REMOVE LUNG ARTERY EMBOLI	1,825
33916	SURGERY GREAT VESSEL	2,307
33917	REPAIR PULMONARY ARTERY	2,287
33920	REPAIR PULMONARY ATRESIA	2,833
33922	TRANSECT PULMONARY ARTERY	2,124
33924	REMOVE PULMONARY SHUNT	458
33925	REPAIR PULM ART UNIFOCAI W/	2,764
33926	REPAIR PULM ART, UNIFOCAI W	3,721
33930	REMOVE DONOR HEART/LUNG	4,584
33935	TRANSPLANT HEART/LUNG	5,588
33940	REMOVE DONOR HEART	4,012
33945	TRANSPLANT HEART	3,953
33960	EXTERNAL CIRCULATION ASSIST	1,504
33961	EXTERNAL CIRCULATION ASSIST	869

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
33967	INSERT IA PERCUT DEVICE	399
33968	REMOVE AORTIC ASSIST DEVICE	53
33970	AORTIC CIRCULATION ASSIST	554
33971	AORTIC CIRCULATION ASSIST	967
33973	INSERT BALLOON DEVICE	806
33974	REMOVE INTRA-AORTIC BALLOON	1,367
33975	IMPLANT VENTRICULAR DEVICE	1,699
33976	IMPLANT VENTRICULAR DEVICE	1,897
33977	REMOVE VENTRICULAR DEVICE	1,886
33978	REMOVE VENTRICULAR DEVICE	2,088
33979	INSERT INTRACORPOREAL DEVIC	3,806
33980	REMOVE INTRACORPOREAL DEVIC	5,088
33999	CARDIAC SURGERY PROCEDURE	621
34001	REMOVE ARTERY CLOT	1,218
34051	REMOVE ARTERY CLOT	1,429
34101	REMOVE ARTERY CLOT	952
34111	REMOVE ARM ARTERY CLOT	952
34151	REMOVE ARTERY CLOT	2,198
34201	REMOVE ARTERY CLOT	959
34203	REMOVE LEG ARTERY CLOT	1,525
34401	REMOVE VEIN CLOT	2,191
34421	REMOVE VEIN CLOT	1,127
34451	REMOVE VEIN CLOT	2,386
34471	REMOVE VEIN CLOT	947
34490	REMOVE VEIN CLOT	949
34501	REPAIR VALVE, FEMORAL VEIN	1,523
34502	RECONSTRUCT VENA CAVA	2,426
34510	TRANSPOSE VEIN VALVE	1,741
34520	CROSS-OVER VEIN GRAFT	1,625
34530	LEG VEIN FUSION	1,535
34800	ENDOVASC AAA REPAIR W/SM TU	1,832
34802	ENDOVASC AAA REPAIR W/2-P P	1,988
34803	ENDOVASC AAA REPAIR W/3-P P	2,055
34804	ENDOVASC AAA REPAIR W/1-P P	1,987
34805	ENDOVASC AAA REPAIR W/LONG	1,901
34808	ENDOVASC ILIAC A DEVICE, AD	341
34812	EXPOSE FOR ENDOPROSTH, FEMO	569
34813	FEMORAL ENDOVASC GRAFT, ADD	395
34820	EXPOSE FOR ENDOPROSTH, ILIA	813
34825	ENDOVASC EXTEND PROSTH, INI	1,104
34826	ENDOVASC EXTEND PROSTH,, AD	334
34830	OPEN AORTIC TUBE PROSTH REP	2,869
34831	OPEN AORTOILIAC PROSTH REPA	2,917
34832	OPEN AORTOFEMORAL PROSTH RE	3,093
34833	EXPOSE FOR ENDOPROSTH, ILIA	1,020
34834	EXPOSE, ENDOPROSTH, BRACHIA	468

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
34900	ENDOVASC ILIAC REPAIR W/GRA	1,470
35001	REPAIR DEFECT ARTERY	1,812
35002	REPAIR ARTERY RUPTURE, NECK	1,906
35005	REPAIR DEFECT ARTERY	1,632
35011	REPAIR DEFECT ARTERY	1,612
35013	REPAIR ARTERY RUPTURE, ARM	1,965
35021	REPAIR DEFECT ARTERY	1,807
35022	REPAIR ARTERY RUPTURE, CHES	2,045
35045	REPAIR DEFECT ARM ARTERY	1,553
35081	REPAIR DEFECT ARTERY	2,452
35082	REPAIR ARTERY RUPTURE, AORT	3,338
35091	REPAIR DEFECT ARTERY	3,046
35092	REPAIR ARTERY RUPTURE, AORT	3,889
35102	REPAIR DEFECT ARTERY	2,682
35103	REPAIR ARTERY RUPTURE, GROI	3,499
35111	REPAIR DEFECT ARTERY	2,197
35112	REPAIR ARTERY RUPTURE, SPLE	2,596
35121	REPAIR DEFECT ARTERY	2,632
35122	REPAIR ARTERY RUPTURE, BELL	3,019
35131	REPAIR DEFECT ARTERY	2,231
35132	REPAIR ARTERY RUPTURE, GROI	2,633
35141	REPAIR DEFECT ARTERY	1,798
35142	REPAIR ARTERY RUPTURE, THIG	2,092
35151	REPAIR DEFECT ARTERY	2,026
35152	REPAIR ARTERY RUPTURE, KNEE	2,294
35180	REPAIR BLOOD VESSEL LESION	1,229
35182	REPAIR BLOOD VESSEL LESION	2,662
35184	REPAIR BLOOD VESSEL LESION	1,630
35188	REPAIR BLOOD VESSEL LESION	1,366
35189	REPAIR BLOOD VESSEL LESION	2,482
35190	REPAIR BLOOD VESSEL LESION	1,192
35201	REPAIR BLOOD VESSEL LESION	1,500
35206	REPAIR BLOOD VESSEL LESION	1,228
35207	REPAIR BLOOD VESSEL LESION	1,086
35211	REPAIR BLOOD VESSEL LESION	2,034
35216	REPAIR BLOOD VESSEL LESION	1,720
35221	REPAIR BLOOD VESSEL LESION	2,126
35226	REPAIR BLOOD VESSEL LESION	1,358
35231	REPAIR BLOOD VESSEL LESION	1,849
35236	REPAIR BLOOD VESSEL LESION	1,550
35241	REPAIR BLOOD VESSEL LESION	2,137
35246	REPAIR BLOOD VESSEL LESION	2,356
35251	REPAIR BLOOD VESSEL LESION	2,599
35256	REPAIR BLOOD VESSEL LESION	1,658
35261	REPAIR BLOOD VESSEL LESION	1,606
35266	REPAIR BLOOD VESSEL LESION	1,359

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
35271	REPAIR BLOOD VESSEL LESION	2,026
35276	REPAIR BLOOD VESSEL LESION	2,202
35281	REPAIR BLOOD VESSEL LESION	2,464
35286	REPAIR BLOOD VESSEL LESION	1,505
35301	RECHANNEL ARTERY	1,685
35311	RECHANNEL ARTERY	2,384
35321	RECHANNEL ARTERY	1,450
35331	RECHANNEL ARTERY	2,329
35341	RECHANNEL ARTERY	2,243
35351	RECHANNEL ARTERY	2,028
35355	RECHANNEL ARTERY	1,652
35361	RECHANNEL ARTERY	2,484
35363	RECHANNEL ARTERY	2,658
35371	RECHANNEL ARTERY	1,347
35372	RECHANNEL ARTERY	1,619
35381	RECHANNEL ARTERY	1,466
35390	REOPERATE, CAROTID, ADD-ON	264
35400	ANGIOSCOPY	256
35450	REPAIR ARTERIAL BLOCKAGE	837
35452	REPAIR ARTERIAL BLOCKAGE	589
35454	REPAIR ARTERIAL BLOCKAGE	519
35456	REPAIR ARTERIAL BLOCKAGE	628
35458	REPAIR ARTERIAL BLOCKAGE	801
35459	REPAIR ARTERIAL BLOCKAGE	732
35460	REPAIR VENOUS BLOCKAGE	515
35470	REPAIR ARTERIAL BLOCKAGE	717
35471	REPAIR ARTERIAL BLOCKAGE	832
35472	REPAIR ARTERIAL BLOCKAGE	579
35473	REPAIR ARTERIAL BLOCKAGE	508
35474	REPAIR ARTERIAL BLOCKAGE	613
35475	REPAIR ARTERIAL BLOCKAGE	774
35476	REPAIR VENOUS BLOCKAGE	495
35480	ATHERECTOMY, OPEN	924
35481	ATHERECTOMY, OPEN	654
35482	ATHERECTOMY, OPEN	569
35483	ATHERECTOMY, OPEN	691
35484	ATHERECTOMY, OPEN	872
35485	ATHERECTOMY, OPEN	809
35490	ATHERECTOMY, PERCUTANEOUS	936
35491	ATHERECTOMY, PERCUTANEOUS	660
35492	ATHERECTOMY, PERCUTANEOUS	585
35493	ATHERECTOMY, PERCUTANEOUS	709
35494	ATHERECTOMY, PERCUTANEOUS	880
35495	ATHERECTOMY, PERCUTANEOUS	828
35500	HARVEST VEIN FOR BYPASS	527
35501	ARTERY BYPASS GRAFT	1,720

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
35506	ARTERY BYPASS GRAFT	1,812
35507	ARTERY BYPASS GRAFT	1,808
35508	ARTERY BYPASS GRAFT	1,749
35509	ARTERY BYPASS GRAFT	1,668
35510	ARTERY BYPASS GRAFT	2,001
35511	ARTERY BYPASS GRAFT	1,891
35512	ARTERY BYPASS GRAFT	1,963
35515	ARTERY BYPASS GRAFT	1,740
35516	ARTERY BYPASS GRAFT	1,437
35518	ARTERY BYPASS GRAFT	1,874
35521	ARTERY BYPASS GRAFT	1,987
35522	ARTERY BYPASS GRAFT	1,907
35525	ARTERY BYPASS GRAFT	1,821
35526	ARTERY BYPASS GRAFT	2,604
35531	ARTERY BYPASS GRAFT	3,148
35533	ARTERY BYPASS GRAFT	2,459
35536	ARTERY BYPASS GRAFT	2,778
35541	ARTERY BYPASS GRAFT	2,299
35546	ARTERY BYPASS GRAFT	2,263
35548	ARTERY BYPASS GRAFT	1,920
35549	ARTERY BYPASS GRAFT	2,092
35551	ARTERY BYPASS GRAFT	2,367
35556	ARTERY BYPASS GRAFT	1,955
35558	ARTERY BYPASS GRAFT	1,908
35560	ARTERY BYPASS GRAFT	2,823
35563	ARTERY BYPASS GRAFT	2,159
35565	ARTERY BYPASS GRAFT	2,069
35566	ARTERY BYPASS GRAFT	2,378
35571	ARTERY BYPASS GRAFT	2,166
35572	HARVEST FEMOROPLOPLITEAL VEI	564
35583	VEIN BYPASS GRAFT	2,018
35585	VEIN BYPASS GRAFT	2,520
35587	VEIN BYPASS GRAFT	2,247
35600	HARVEST ARTERY FOR CABG	409
35601	ARTERY BYPASS GRAFT	1,621
35606	ARTERY BYPASS GRAFT	1,722
35612	ARTERY BYPASS GRAFT	1,459
35616	ARTERY BYPASS GRAFT	1,475
35621	ARTERY BYPASS GRAFT	1,784
35623	BYPASS GRAFT, NOT VEIN	2,143
35626	ARTERY BYPASS GRAFT	2,472
35631	ARTERY BYPASS GRAFT	2,976
35636	ARTERY BYPASS GRAFT	2,590
35641	ARTERY BYPASS GRAFT	2,214
35642	ARTERY BYPASS GRAFT	1,641
35645	ARTERY BYPASS GRAFT	1,598

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
35646	ARTERY BYPASS GRAFT	2,740
35647	ARTERY BYPASS GRAFT	2,469
35650	ARTERY BYPASS GRAFT	1,699
35651	ARTERY BYPASS GRAFT	2,210
35654	ARTERY BYPASS GRAFT	2,212
35656	ARTERY BYPASS GRAFT	1,747
35661	ARTERY BYPASS GRAFT	1,734
35663	ARTERY BYPASS GRAFT	1,984
35665	ARTERY BYPASS GRAFT	1,891
35666	ARTERY BYPASS GRAFT	2,038
35671	ARTERY BYPASS GRAFT	1,782
35681	COMPOSITE BYPASS GRAFT	133
35682	COMPOSITE BYPASS GRAFT	596
35683	COMPOSITE BYPASS GRAFT	703
35685	BYPASS GRAFT PATENCY/PATCH	335
35686	BYPASS GRAFT/AV FIST PATENC	278
35691	ARTERIAL TRANSPOSITION	1,642
35693	ARTERIAL TRANSPOSITION	1,434
35694	ARTERIAL TRANSPOSITION	1,721
35695	ARTERIAL TRANSPOSITION	1,720
35697	REIMPLANT ARTERY EACH	249
35700	REOPERATE, BYPASS GRAFT	255
35701	EXPLORE CAROTID ARTERY	842
35721	EXPLORE FEMORAL ARTERY	720
35741	EXPLORE POPLITEAL ARTERY	784
35761	EXPLORE ARTERY/VEIN	581
35800	EXPLORE NECK VESSELS	721
35820	EXPLORE CHEST VESSELS	1,251
35840	EXPLORE ABDOMINAL VESSELS	932
35860	EXPLORE LIMB VESSELS	593
35870	REPAIR VESSEL GRAFT DEFECT	1,975
35875	REMOVE CLOT IN GRAFT	949
35876	REMOVE CLOT IN GRAFT	1,520
35879	REVISE GRAFT W/VEIN	1,470
35881	REVISE GRAFT W/VEIN	1,655
35901	EXCISE, GRAFT, NECK	836
35903	EXCISE, GRAFT, EXTREMITY	962
35905	EXCISE, GRAFT, THORAX	2,758
35907	EXCISE, GRAFT, ABDOMEN	3,050
36000	PLACE NEEDLE IN VEIN	14
36002	PSEUDOANEURYSM INJECTION TR	176
36005	INJECTION EXT VENOGRAPHY	74
36010	PLACE CATHETER IN VEIN	193
36011	PLACE CATHETER IN VEIN	252
36012	PLACE CATHETER IN VEIN	278
36013	PLACE CATHETER IN ARTERY	194

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
36014	PLACE CATHETER IN ARTERY	240
36015	PLACE CATHETER IN ARTERY	277
36100	ESTABLISH ACCESS TO ARTERY	248
36120	ESTABLISH ACCESS TO ARTERY	158
36140	ESTABLISH ACCESS TO ARTERY	158
36145	ARTERY TO VEIN SHUNT	157
36160	ESTABLISH ACCESS TO AORTA	204
36200	PLACE CATHETER IN AORTA	241
36215	PLACE CATHETER IN ARTERY	370
36216	PLACE CATHETER IN ARTERY	417
36217	PLACE CATHETER IN ARTERY	503
36218	PLACE CATHETER IN ARTERY	80
36245	PLACE CATHETER IN ARTERY	377
36246	PLACE CATHETER IN ARTERY	423
36247	PLACE CATHETER IN ARTERY	503
36248	PLACE CATHETER IN ARTERY	80
36260	INSERT INFUSION PUMP	901
36261	REVISE INFUSION PUMP	561
36262	REMOVE INFUSION PUMP	418
36299	VESSEL INJECTION PROCEDURE	13,713
36400	BLOOD DRAW < 3 YRS FEM/JUGU	28
36405	BLOOD DRAW < 3 YRS SCALP VE	24
36406	BLOOD DRAW < 3 YRS OTHER VE	14
36410	NON-ROUTINE BLOOD DRAW > 3	14
36415	ROUTINE VENIPUNCTURE	19
36416	CAPILLARY BLOOD DRAW	18
36420	VEIN ACCESS CUTDOWN < 1 YR	76
36425	VEIN ACCESS CUTDOWN > 1 YR	59
36430	BLOOD TRANSFUSION SERVICE	65
36440	BLOOD PUSH TRANSFUSE, 2 YR	80
36450	BLOOD EXCHANGE/TRANSFUSE, N	177
36455	BLOOD EXCHANGE/TRANSFUSE NO	204
36460	TRANSFUSION SERVICE, FETAL	541
36468	INJECTION(S), SPIDER VEINS	281
36469	INJECTION(S), SPIDER VEINS	114
36470	INJECTION THERAPY VEIN	111
36471	INJECTION THERAPY VEINS	155
36475	ENDOVENOUS RF, 1ST VEIN	546
36476	ENDOVENOUS RF, VEIN, ADD-ON	266
36478	ENDOVENOUS LASER, 1ST VEIN	546
36479	ENDOVENOUS LASER VEIN, ADD-	266
36481	INSERT CATHETER, VEIN	573
36500	INSERT CATHETER, VEIN	288
36510	INSERT CATHETER, VEIN	103
36511	APHERESIS WBC	145
36512	APHERESIS RBC	146

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
36513	APHERESIS PLATELETS	149
36514	APHERESIS PLASMA	144
36515	APHERESIS, ADSORP/REINFUSE	141
36516	APHERESIS, SELECTIVE	101
36522	PHOTOPHERESIS	158
36540	COLLECT BLOOD VENOUS DEVICE	63
36550	DECLOT VASCULAR DEVICE	43
36555	INSERT NON-TUNNEL CV CATH	203
36556	INSERT NON-TUNNEL CV CATH	193
36557	INSERT TUNNELED CV CATH	473
36558	INSERT TUNNELED CV CATH	450
36560	INSERT TUNNELED CV CATH	560
36561	INSERT TUNNELED CV CATH	541
36563	INSERT TUNNELED CV CATH	568
36565	INSERT TUNNELED CV CATH	541
36566	INSERT TUNNELED CV CATH	579
36568	INSERT PICC CATH	147
36569	INSERT PICC CATH	145
36570	INSERT PICVAD CATH	490
36571	INSERT PICVAD CATH	488
36575	REPAIR TUNNELED CV CATH	63
36576	REPAIR TUNNELED CV CATH	299
36578	REPLACE TUNNELED CV CATH	344
36580	REPLACE CVAD CATH	107
36581	REPLACE TUNNELED CV CATH	317
36582	REPLACE TUNNELED CV CATH	472
36583	REPLACE TUNNELED CV CATH	476
36584	REPLACE PICC CATH	110
36585	REPLACE PICVAD CATH	442
36589	REMOVE TUNNELED CV CATH	223
36590	REMOVE TUNNELED CV CATH	310
36595	MECH REMOVE TUNNELED CV CAT	298
36596	MECH REMOVE TUNNELED CV CAT	75
36597	REPOSITION VENOUS CATHETER	97
36598	INJ W/FLUOR, EVAL CV DEVICE	206
36600	WITHDRAW ARTERIAL BLOOD	24
36620	INSERT CATHETER, ARTERY	81
36625	INSERT CATHETER, ARTERY	162
36640	INSERT CATHETER, ARTERY	190
36660	INSERT CATHETER, ARTERY	111
36680	INSERT NEEDLE, BONE CAVITY	102
36800	INSERT CANNULA	258
36810	INSERT CANNULA	345
36815	INSERT CANNULA	234
36818	AV FUSE, UPPER ARM, CEPHALI	1,103
36819	AV FUSE, UPPER ARM, BASILIC	1,263

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
36820	AV FUSION/FOREARM VEIN	1,263
36821	AV FUSION DIRECT ANY SITE	841
36822	INSERT CANNULA(S)	608
36823	INSERT CANNULA(S)	1,881
36825	ARTERY-VEIN AUTOGRAFT	922
36830	ARTERY-VEIN NONAUTOGRAFT	1,068
36831	OPEN THROMBECT AV FISTULA	739
36832	AV FISTULA REVISE OPEN	942
36833	AV FISTULA REVISION	1,063
36834	REPAIR A-V ANEURYSM	912
36835	ARTERY TO VEIN SHUNT	710
36838	DIST REVASC LIGATE HEMO	1,867
36860	EXTERNAL CANNULA DECLOTTING	158
36861	CANNULA DECLOTTING	244
36870	PERCUT THROMBECT AV FISTULA	493
37140	REVISE CIRCULATION	2,048
37145	REVISE CIRCULATION	2,189
37160	REVISE CIRCULATION	1,903
37180	REVISE CIRCULATION	2,159
37181	SPLICE SPLEEN/KIDNEY VEINS	2,320
37182	INSERT HEPATIC SHUNT (TIPS)	1,361
37183	REMOVE HEPATIC SHUNT (TIPS)	650
37184	PRIM ART MECH THROMBECTOMY	712
37185	PRIM ART M-THROMBECT, ADD-O	260
37186	SEC ART M-THROMBECT, ADD-ON	390
37187	VENOUS MECH THROMBECTOMY	663
37188	VENOUS M-THROMBECTOMY, ADD-	479
37195	THROMBOLYTIC THERAPY, STROK	504
37200	TRANSCATHETER BIOPSY	357
37201	TRANSCATHETER THERAPY INFUS	449
37202	TRANSCATHETER THERAPY INFUS	521
37203	TRANSCATHETER RETRIEVAL	417
37204	TRANSCATHETER OCCLUSION	1,438
37205	TRANSCATH IV STENT, PERCUT	718
37206	TRANSCATH IV STENT/PERC, AD	331
37207	TRANSCATH IV STENT, OPEN	710
37208	TRANSCATH IV STENT/OPEN, AD	342
37209	CHANGE IV CATH AT THROMB TX	178
37215	TRANSCATH STENT, CCA W/EPS	1,648
37216	TRANSCATH STENT, CCA W/O EP	1,588
37250	IV US FIRST VESSEL, ADD-ON	173
37251	IV US EACH ADD VESSEL, ADD-	132
37500	ENDOSCOPY LIGATE PERF VEINS	1,106
37565	LIGATE NECK VEIN	1,013
37600	LIGATE NECK ARTERY	1,099
37605	LIGATE NECK ARTERY	1,248

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
37606	LIGATE NECK ARTERY	689
37607	LIGATE A-V FISTULA	602
37609	TEMPORAL ARTERY PROCEDURE	305
37615	LIGATE NECK ARTERY	603
37616	LIGATE CHEST ARTERY	1,524
37617	LIGATE ABDOMEN ARTERY	1,931
37618	LIGATE EXTREMITY ARTERY	523
37620	REVISE MAJOR VEIN	980
37650	REVISE MAJOR VEIN	769
37660	REVISE MAJOR VEIN	1,841
37700	REVISE LEG VEIN	404
37718	LIGATE/STRIP SHORT LEG VEIN	630
37722	LIGATE/STRIP LONG LEG VEIN	745
37735	REMOVE LEG VEINS/LESION	994
37760	LIGATE LEG VEINS, OPEN	979
37765	PHLEB VEINS - EXTREMITY - T	714
37766	PHLEB VEINS - EXTREMITY 20 +	865
37780	REVISE LEG VEIN	414
37785	LIGATE/DIVIDE/EXCISE VEIN	406
37788	REVASCLARIZE PENIS	1,887
37790	PENILE VENOUS OCCLUSION	759
37799	VASCULAR SURGERY PROCEDURE	1,138
38100	REMOVE SPLEEN, TOTAL	1,276
38101	REMOVE SPLEEN, PARTIAL	1,349
38102	REMOVE SPLEEN, TOTAL	397
38115	REPAIR RUPTURED SPLEEN	1,386
38120	LAPAROSCOPY, SPLENECTOMY	1,505
38129	LAPAROSCOPE PROC, SPLEEN	4,433
38200	INJECTION FOR SPLEEN X-RAY	207
38205	HARVEST ALLOGENIC STEM CELL	127
38206	HARVEST AUTO STEM CELLS	127
38220	BONE MARROW ASPIRATION	94
38221	BONE MARROW BIOPSY	119
38230	BONE MARROW COLLECTION	473
38240	BONE MARROW/STEM TRANSPLANT	192
38241	BONE MARROW/STEM TRANSPLANT	193
38242	LYMPHOCYTE INFUSE TRANSPLAN	146
38300	DRAIN, LYMPH NODE LESION	249
38305	DRAIN, LYMPH NODE LESION	648
38308	INCISE LYMPH CHANNELS	629
38380	THORACIC DUCT PROCEDURE	799
38381	THORACIC DUCT PROCEDURE	1,227
38382	THORACIC DUCT PROCEDURE	979
38500	BIOPSY/REMOVE LYMPH NODES	360
38505	NEEDLE BIOPSY LYMPH NODES	115
38510	BIOPSY/REMOVE LYMPH NODES	605

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
38520	BIOPSY/REMOVE LYMPH NODES	659
38525	BIOPSY/REMOVE LYMPH NODES	578
38530	BIOPSY/REMOVE LYMPH NODES	767
38542	EXPLORE DEEP NODE(S), NECK	632
38550	REMOVE NECK/ARMPIT LESION	667
38555	REMOVE NECK/ARMPIT LESION	1,393
38562	REMOVE PELVIC LYMPH NODES	994
38564	REMOVE ABDOMEN LYMPH NODES	986
38570	LAPAROSCOPY, LYMPH NODE BIO	812
38571	LAPAROSCOPY, LYMPHADENECTOM	1,215
38572	LAPAROSCOPY, LYMPHADENECTOM	1,446
38589	LAPAROSCOPE PROC, LYMPHATIC	4,333
38700	REMOVE LYMPH NODES, NECK	874
38720	REMOVE LYMPH NODES, NECK	1,387
38724	REMOVE LYMPH NODES, NECK	1,472
38740	REMOVE ARMPIT LYMPH NODES	923
38745	REMOVE ARMPIT LYMPH NODES	1,184
38746	REMOVE THORACIC LYMPH NODES	405
38747	REMOVE ABDOMINAL LYMPH NODE	404
38760	REMOVE GROIN LYMPH NODES	1,177
38765	REMOVE GROIN LYMPH NODES	1,768
38770	REMOVE PELVIS LYMPH NODES	1,154
38780	REMOVE ABDOMEN LYMPH NODES	1,515
38790	INJECT FOR LYMPHATIC X-RAY	124
38792	IDENTIFY SENTINEL NODE	59
38794	ACCESS THORACIC LYMPH DUCT	474
38999	BLOOD/LYMPH SYSTEM PROCEDUR	1,075
39000	EXPLORE CHEST	667
39010	EXPLORE CHEST	1,202
39200	REMOVE CHEST LESION	1,316
39220	REMOVE CHEST LESION	1,660
39400	VISUALIZE CHEST	649
39499	CHEST PROCEDURE	1,407
39501	REPAIR DIAPHRAGM LACERATION	1,214
39502	REPAIR PARAESOPHAGEAL HERNI	1,449
39503	REPAIR DIAPHRAGM HERNIA	7,846
39520	REPAIR DIAPHRAGM HERNIA	1,495
39530	REPAIR DIAPHRAGM HERNIA	1,395
39531	REPAIR DIAPHRAGM HERNIA	1,472
39540	REPAIR DIAPHRAGM HERNIA	1,208
39541	REPAIR DIAPHRAGM HERNIA	1,297
39545	REVISE DIAPHRAGM	1,294
39560	RESECT DIAPHRAGM, SIMPLE	1,129
39561	RESECT DIAPHRAGM, COMPLEX	1,662
40490	BIOPSY LIP	107
40500	PARTIAL EXCISE LIP	521

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
40510	PARTIAL EXCISE LIP	530
40520	PARTIAL EXCISE LIP	536
40525	RECONSTRUCT LIP WITH FLAP	847
40527	RECONSTRUCT LIP WITH FLAP	1,005
40530	PARTIAL REMOVE LIP	607
40650	REPAIR LIP	422
40652	REPAIR LIP	523
40654	REPAIR LIP	626
40700	REPAIR CLEFT LIP/NASAL	1,312
40701	REPAIR CLEFT LIP/NASAL	1,655
40702	REPAIR CLEFT LIP/NASAL	1,289
40720	REPAIR CLEFT LIP/NASAL	1,446
40761	REPAIR CLEFT LIP/NASAL	1,541
40799	LIP SURGERY PROCEDURE	2,100
40800	DRAIN MOUTH LESION	180
40801	DRAIN MOUTH LESION	324
40804	REMOVE FOREIGN BODY, MOUTH	188
40805	REMOVE FOREIGN BODY, MOUTH	338
40806	INCISE LIP FOLD	50
40808	BIOPSY MOUTH LESION	149
40810	EXCISE MOUTH LESION	181
40812	EXCISE/REPAIR MOUTH LESION	290
40814	EXCISE/REPAIR MOUTH LESION	448
40816	EXCISE MOUTH LESION	468
40818	EXCISE ORAL MUCOSA FOR GRAF	388
40819	EXCISE LIP OR CHEEK FOLD	338
40820	TREAT MOUTH LESION	227
40830	REPAIR MOUTH LACERATION	236
40831	REPAIR MOUTH LACERATION	339
40840	RECONSTRUCT MOUTH	965
40842	RECONSTRUCT MOUTH	953
40843	RECONSTRUCT MOUTH	1,218
40844	RECONSTRUCT MOUTH	1,695
40845	RECONSTRUCT MOUTH	1,938
40899	MOUTH SURGERY PROCEDURE	904
41000	DRAIN MOUTH LESION	164
41005	DRAIN MOUTH LESION	181
41006	DRAIN MOUTH LESION	392
41007	DRAIN MOUTH LESION	373
41008	DRAIN MOUTH LESION	404
41009	DRAIN MOUTH LESION	441
41010	INCISE TONGUE FOLD	160
41015	DRAIN MOUTH LESION	496
41016	DRAIN MOUTH LESION	511
41017	DRAIN MOUTH LESION	515
41018	DRAIN MOUTH LESION	596

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
41100	BIOPSY TONGUE	185
41105	BIOPSY TONGUE	166
41108	BIOPSY FLOOR MOUTH	132
41110	EXCISE TONGUE LESION	191
41112	EXCISE TONGUE LESION	363
41113	EXCISE TONGUE LESION	407
41114	EXCISE TONGUE LESION	951
41115	EXCISE TONGUE FOLD	219
41116	EXCISE MOUTH LESION	319
41120	PARTIAL REMOVE TONGUE	1,521
41130	PARTIAL REMOVE TONGUE	1,658
41135	TONGUE AND NECK SURGERY	2,797
41140	REMOVE TONGUE	3,161
41145	TONGUE REMOVE NECK SURGERY	3,665
41150	TONGUE, MOUTH, JAW SURGERY	2,889
41153	TONGUE, MOUTH, NECK SURGERY	2,951
41155	TONGUE, JAW, & NECK SURGERY	3,295
41250	REPAIR TONGUE LACERATION	187
41251	REPAIR TONGUE LACERATION	232
41252	REPAIR TONGUE LACERATION	317
41500	FIXATE TONGUE	678
41510	TONGUE TO LIP SURGERY	686
41520	RECONSTRUCT TONGUE FOLD	387
41599	TONGUE AND MOUTH SURGERY	294
41800	DRAIN GUM LESION	149
41805	REMOVE FOREIGN BODY, GUM	211
41806	REMOVE FOREIGN BODY, JAWBON	354
41820	EXCISE, GUM, EACH QUADRANT	597
41821	EXCISE GUM FLAP	125
41822	EXCISE GUM LESION	259
41823	EXCISE GUM LESION	453
41825	EXCISE GUM LESION	218
41826	EXCISE GUM LESION	272
41827	EXCISE GUM LESION	431
41828	EXCISE GUM LESION	375
41830	REMOVE GUM TISSUE	429
41850	TREAT GUM LESION	337
41870	GUM GRAFT	695
41872	REPAIR GUM	371
41874	REPAIR TOOTH SOCKET	388
41899	DENTAL SURGERY PROCEDURE	2,100
42000	DRAIN MOUTH ROOF LESION	151
42100	BIOPSY ROOF MOUTH	162
42104	EXCISE LESION, MOUTH ROOF	194
42106	EXCISE LESION, MOUTH ROOF	279
42107	EXCISE LESION, MOUTH ROOF	510

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
42120	REMOVE PALATE/LESION	1,090
42140	EXCISE UVULA	225
42145	REPAIR PALATE, PHARYNX/UVUL	938
42160	TREATMENT MOUTH ROOF LESION	249
42180	REPAIR PALATE	278
42182	REPAIR PALATE	418
42200	RECONSTRUCT CLEFT PALATE	1,354
42205	RECONSTRUCT CLEFT PALATE	1,432
42210	RECONSTRUCT CLEFT PALATE	1,614
42215	RECONSTRUCT CLEFT PALATE	1,111
42220	RECONSTRUCT CLEFT PALATE	841
42225	RECONSTRUCT CLEFT PALATE	1,619
42226	LENGTHEN PALATE	1,507
42227	LENGTHEN PALATE	1,531
42235	REPAIR PALATE	1,200
42260	REPAIR NOSE TO LIP FISTULA	1,039
42280	PREPARATION, PALATE MOLD	165
42281	INSERT, PALATE PROSTHESIS	231
42299	PALATE/UVULA SURGERY	294
42300	DRAIN SALIVARY GLAND	226
42305	DRAIN SALIVARY GLAND	651
42310	DRAIN SALIVARY GLAND	187
42320	DRAIN SALIVARY GLAND	269
42330	REMOVE SALIVARY STONE	245
42335	REMOVE SALIVARY STONE	391
42340	REMOVE SALIVARY STONE	516
42400	BIOPSY SALIVARY GLAND	90
42405	BIOPSY SALIVARY GLAND	347
42408	EXCISE SALIVARY CYST	495
42409	DRAIN SALIVARY CYST	339
42410	EXCISE PAROTID GLAND/LESION	944
42415	EXCISE PAROTID GLAND/LESION	1,671
42420	EXCISE PAROTID GLAND/LESION	1,925
42425	EXCISE PAROTID GLAND/LESION	1,300
42426	EXCISE PAROTID GLAND/LESION	2,064
42440	EXCISE SUBMAXILLARY GLAND	709
42450	EXCISE SUBLINGUAL GLAND	537
42500	REPAIR SALIVARY DUCT	515
42505	REPAIR SALIVARY DUCT	699
42507	PAROTID DUCT DIVERSION	763
42508	PAROTID DUCT DIVERSION	1,067
42509	PAROTID DUCT DIVERSION	1,310
42510	PAROTID DUCT DIVERSION	962
42550	INJECTION FOR SALIVARY X-RA	98
42600	CLOSE SALIVARY FISTULA	541
42650	DILATE SALIVARY DUCT	90

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
42660	DILATE SALIVARY DUCT	119
42665	LIGATE SALIVARY DUCT	311
42699	SALIVARY SURGERY PROCEDURE	2,100
42700	DRAIN TONSIL ABSCESS	200
42720	DRAIN THROAT ABSCESS	554
42725	DRAIN THROAT ABSCESS	1,142
42800	BIOPSY THROAT	168
42802	BIOPSY THROAT	218
42804	BIOPSY UPPER NOSE/THROAT	180
42806	BIOPSY UPPER NOSE/THROAT	213
42808	EXCISE PHARYNX LESION	256
42809	REMOVE PHARYNX FOREIGN BODY	190
42810	EXCISE NECK CYST	412
42815	EXCISE NECK CYST	815
42820	REMOVE TONSILS AND ADENOIDS	433
42821	REMOVE TONSILS AND ADENOIDS	469
42825	REMOVE TONSILS	396
42826	REMOVE TONSILS	386
42830	REMOVE ADENOIDS	310
42831	REMOVE ADENOIDS	336
42835	REMOVE ADENOIDS	289
42836	REMOVE ADENOIDS	371
42842	EXTENSIVE SURGERY THROAT	1,195
42844	EXTENSIVE SURGERY THROAT	1,846
42845	EXTENSIVE SURGERY THROAT	2,866
42860	EXCISE TONSIL TAGS	280
42870	EXCISE LINGUAL TONSIL	847
42890	PARTIAL REMOVE PHARYNX	1,637
42892	REVISE PHARYNGEAL WALLS	1,994
42894	REVISE PHARYNGEAL WALLS	2,710
42900	REPAIR THROAT WOUND	540
42950	RECONSTRUCT THROAT	1,213
42953	REPAIR THROAT, ESOPHAGUS	1,605
42955	SURGICAL OPENING THROAT	1,104
42960	CONTROL THROAT BLEEDING	259
42961	CONTROL THROAT BLEEDING	636
42962	CONTROL THROAT BLEEDING	787
42970	CONTROL NOSE/THROAT BLEEDIN	576
42971	CONTROL NOSE/THROAT BLEEDIN	683
42972	CONTROL NOSE/THROAT BLEEDIN	779
42999	THROAT SURGERY PROCEDURE	904
43020	INCISE ESOPHAGUS	823
43030	THROAT MUSCLE SURGERY	798
43045	INCISE ESOPHAGUS	1,898
43100	EXCISE ESOPHAGUS LESION	937
43101	EXCISE ESOPHAGUS LESION	1,497

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
43107	REMOVE ESOPHAGUS	3,593
43108	REMOVE ESOPHAGUS	2,966
43112	REMOVE ESOPHAGUS	3,883
43113	REMOVE ESOPHAGUS	3,098
43116	PARTIAL REMOVE ESOPHAGUS	2,903
43117	PARTIAL REMOVE ESOPHAGUS	3,530
43118	PARTIAL REMOVE ESOPHAGUS	2,886
43121	PARTIAL REMOVE ESOPHAGUS	2,648
43122	PARTIAL REMOVE ESOPHAGUS	3,549
43123	PARTIAL REMOVE ESOPHAGUS	2,908
43124	REMOVE ESOPHAGUS	2,500
43130	REMOVE ESOPHAGUS POUCH	1,171
43135	REMOVE ESOPHAGUS POUCH	1,503
43200	ESOPHAGUS ENDOSCOPY	160
43201	ESOPH SCOPE W/SUBMUCOUS INJ	191
43202	ESOPHAGUS ENDOSCOPY, BIOPSY	170
43204	ESOPH SCOPE W/SCLEROSIS INJ	316
43205	ESOPHAGUS ENDOSCOPY/LIGATIO	316
43215	ESOPHAGUS ENDOSCOPY	228
43216	ESOPHAGUS ENDOSCOPY/LESION	208
43217	ESOPHAGUS ENDOSCOPY	246
43219	ESOPHAGUS ENDOSCOPY	250
43220	ESOPH ENDOSCOPY, DILATION	184
43226	ESOPH ENDOSCOPY, DILATION	202
43227	ESOPH ENDOSCOPY, REPAIR	301
43228	ESOPH ENDOSCOPY, ABLATION	320
43231	ESOPH ENDOSCOPY W/US EXAM	268
43232	ESOPH ENDOSCOPY W/US FN BIO	376
43234	UPPER GI ENDOSCOPY, EXAM	173
43235	UPPER GI ENDOSCOPY, DIAGNOS	204
43236	UPPER GI SCOPE W/SUBMUCOSA T	247
43237	ENDOSCOPIC US EXAM, ESOPH	339
43238	UPPER GI ENDOSCOPY W/US FN Y	420
43239	UPPER GI ENDOSCOPY, BIOPSY	243
43240	ESOPH ENDOSCOPE W/DRAIN CYS	567
43241	UPPER GI ENDOSCOPY WITH TUB	221
43242	UPPER GI ENDOSCOPY W/US FN Y	598
43243	UPPER GI ENDOSCOPY & INJECT	379
43244	UPPER GI ENDOSCOPY/LIGATION	418
43245	UPPER GI SCOPE DILATE STRIC	269
43246	PLACE GASTROSTOMY TUBE	359
43247	OPERATIVE UPPER GI ENDOSCOP	284
43248	UPPER GI ENDOSCOPY/GUIDE WI	266
43249	ESOPH ENDOSCOPY, DILATION	246
43250	UPPER GI ENDOSCOPY/TUMOR	270
43251	OPERATIVE UPPER GI ENDOSCOP	309

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
43255	OPERATIVE UPPER GI ENDOSCOPI	399
43256	UPPER GI ENDOSCOPY W/STENT	361
43257	UPPER GI SCOPE W/THERMAL TR	458
43258	OPERATIVE UPPER GI ENDOSCOPI	377
43259	ENDOSCOPIC ULTRASOUND EXAM	427
43260	ENDO CHOLANGIOPANCREATOGRAP	491
43261	ENDO CHOLANGIOPANCREATOGRAP	516
43262	ENDO CHOLANGIOPANCREATOGRAP	606
43263	ENDO CHOLANGIOPANCREATOGRAP	599
43264	ENDO CHOLANGIOPANCREATOGRAP	728
43265	ENDO CHOLANGIOPANCREATOGRAP	816
43267	ENDO CHOLANGIOPANCREATOGRAP	606
43268	ENDO CHOLANGIOPANCREATOGRAP	612
43269	ENDO CHOLANGIOPANCREATOGRAP	672
43271	ENDO CHOLANGIOPANCREATOGRAP	606
43272	ENDO CHOLANGIOPANCREATOGRAP	606
43280	LAPAROSCOPY, FUNDOPLASTY	1,513
43289	LAPAROSCOPE PROC, ESOPH	4,433
43300	REPAIR ESOPHAGUS	953
43305	REPAIR ESOPHAGUS AND FISTUL	1,694
43310	REPAIR ESOPHAGUS	2,263
43312	REPAIR ESOPHAGUS AND FISTUL	2,501
43313	ESOPHAGOPLASTY CONGENITAL	3,930
43314	TRACHEO-ESOPHAGOPLASTY CONG	4,288
43320	FUSE ESOPHAGUS & STOMACH	1,803
43324	REVISE ESOPHAGUS & STOMACH	1,813
43325	REVISE ESOPHAGUS & STOMACH	1,778
43326	REVISE ESOPHAGUS & STOMACH	1,804
43330	REPAIR ESOPHAGUS	1,747
43331	REPAIR ESOPHAGUS	1,860
43340	FUSE ESOPHAGUS & INTESTINE	1,757
43341	FUSE ESOPHAGUS & INTESTINE	1,913
43350	SURGICAL OPENING, ESOPHAGUS	1,461
43351	SURGICAL OPENING, ESOPHAGUS	1,739
43352	SURGICAL OPENING, ESOPHAGUS	1,461
43360	GASTROINTESTINAL REPAIR	3,147
43361	GASTROINTESTINAL REPAIR	3,499
43400	LIGATE ESOPHAGUS VEINS	1,848
43401	ESOPHAGUS SURGERY FOR VEINS	1,956
43405	LIGATE/STAPLE ESOPHAGUS	1,836
43410	REPAIR ESOPHAGUS WOUND	1,299
43415	REPAIR ESOPHAGUS WOUND	2,279
43420	REPAIR ESOPHAGUS OPENING	1,319
43425	REPAIR ESOPHAGUS OPENING	1,926
43450	DILATE ESOPHAGUS	124
43453	DILATE ESOPHAGUS	134

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
43456	DILATE ESOPHAGUS	220
43458	DILATE ESOPHAGUS	260
43460	PRESSURE TREATMENT ESOPHAGU	316
43496	FREE JEJUNUM FLAP, MICROVAS	7,436
43499	ESOPHAGUS SURGERY PROCEDURE	829
43500	SURGICAL OPENING STOMACH	988
43501	SURGICAL REPAIR STOMACH	1,749
43502	SURGICAL REPAIR STOMACH	2,014
43510	SURGICAL OPENING STOMACH	1,201
43520	INCISE PYLORIC MUSCLE	943
43600	BIOPSY STOMACH	153
43605	BIOPSY STOMACH	1,066
43610	EXCISE STOMACH LESION	1,281
43611	EXCISE STOMACH LESION	1,568
43620	REMOVE STOMACH	2,581
43621	REMOVE STOMACH	2,634
43622	REMOVE STOMACH	2,785
43631	REMOVE STOMACH, PARTIAL	1,960
43632	REMOVE STOMACH, PARTIAL	1,960
43633	REMOVE STOMACH, PARTIAL	2,002
43634	REMOVE STOMACH, PARTIAL	2,173
43635	REMOVE STOMACH, PARTIAL	170
43640	VAGOTOMY & PYLORUS REPAIR	1,498
43641	VAGOTOMY & PYLORUS REPAIR	1,518
43644	LAP GASTRIC BYPASS/ROUX-EN-	2,386
43645	LAP GASTRIC BYPASS INCL SMA	2,572
43651	LAPAROSCOPY, VAGUS NERVE	919
43652	LAPAROSCOPY, VAGUS NERVE	1,102
43653	LAPAROSCOPY, GASTROSTOMY	734
43750	PLACE GASTROSTOMY TUBE	404
43752	NASAL/OROGASTRIC W/STENT	62
43760	CHANGE GASTROSTOMY TUBE	93
43761	REPOSITION GASTROSTOMY TUBE	158
43770	LAP, PLACE GASTRIC ADJUST B	1,507
43771	LAP, REVISE ADJUST GASTRIC	1,734
43772	LAP, REMOVE ADJUST GASTRIC	1,321
43773	LAP, CHANGE ADJUST GASTRIC	1,734
43774	LAP REMOVE ADJUST GASTRIC BO	1,325
43800	RECONSTRUCT PYLORUS	1,209
43810	FUSE STOMACH AND BOWEL	1,285
43820	FUSE STOMACH AND BOWEL	1,344
43825	FUSE STOMACH AND BOWEL	1,680
43830	PLACE GASTROSTOMY TUBE	887
43831	PLACE GASTROSTOMY TUBE	762
43832	PLACE GASTROSTOMY TUBE	1,381
43840	REPAIR STOMACH LESION	1,378

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
43842	V-BAND GASTROPLASTY	1,621
43843	GASTROPLASTY W/O V-BAND	1,630
43845	GASTROPLASTY DUODENAL SWITC	2,580
43846	GASTRIC BYPASS FOR OBESITY	2,103
43847	GASTRIC BYPASS INCL SMALL I	2,334
43848	REVISION GASTROPLASTY	2,543
43850	REVISE STOMACH-BOWEL FUSION	2,132
43855	REVISE STOMACH-BOWEL FUSION	2,253
43860	REVISE STOMACH-BOWEL FUSION	2,158
43865	REVISE STOMACH-BOWEL FUSION	2,286
43870	REPAIR STOMACH OPENING	876
43880	REPAIR STOMACH-BOWEL FISTUL	2,133
43886	REVISE GASTRIC PORT, OPEN	426
43887	REMOVE GASTRIC PORT, OPEN	414
43888	CHANGE GASTRIC PORT, OPEN	587
43999	STOMACH SURGERY PROCEDURE	411
44005	FREE BOWEL ADHESION	1,416
44010	INCISE SMALL BOWEL	1,108
44015	INSERT NEEDLE CATH BOWEL	216
44020	EXPLORE SMALL INTESTINE	1,230
44021	DECOMPRESS SMALL BOWEL	1,237
44025	INCISE LARGE BOWEL	1,254
44050	REDUCE BOWEL OBSTRUCTION	1,234
44055	CORRECT MALROTATION BOWEL	1,897
44100	BIOPSY BOWEL	163
44110	EXCISE INTESTINE LESION(S)	1,051
44111	EXCISE BOWEL LESION(S)	1,258
44120	REMOVE SMALL INTESTINE	1,486
44121	REMOVE SMALL INTESTINE	368
44125	REMOVE SMALL INTESTINE	1,527
44126	ENTERECTOMY W/O TAPER, CONG	3,063
44127	ENTERECTOMY W/TAPER, CONG	3,519
44128	ENTERECTOMY CONG, ADD-ON	370
44130	BOWEL TO BOWEL FUSION	1,276
44139	MOBILIZE COLON	184
44140	PARTIAL REMOVE COLON	1,827
44141	PARTIAL REMOVE COLON	1,821
44143	PARTIAL REMOVE COLON	2,079
44144	PARTIAL REMOVE COLON	1,923
44145	PARTIAL REMOVE COLON	2,287
44146	PARTIAL REMOVE COLON	2,482
44147	PARTIAL REMOVE COLON	1,805
44150	REMOVE COLON	2,213
44151	REMOVE COLON/ILEOSTOMY	2,482
44152	REMOVE COLON/ILEOSTOMY	2,425
44153	REMOVE COLON/ILEOSTOMY	2,750

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
44155	REMOVE COLON/ILEOSTOMY	2,520
44156	REMOVE COLON/ILEOSTOMY	2,822
44160	REMOVE COLON	1,622
44180	LAP, ENTEROLYSIS	1,273
44186	LAP, JEJUNOSTOMY	898
44187	LAP, ILEO/JEJUNOSTOMY	1,487
44188	LAP, COLOSTOMY	1,630
44202	LAP, ENTERECTOMY	1,908
44203	LAP RESECT S/INTESTINE,, AD	366
44204	LAP PARTIAL COLECTOMY	2,152
44205	LAP COLECTOMY PART W/ILEUM	1,909
44206	LAP PART COLECTOMY W/STOMA	2,356
44207	LAP COLECTOMY/COLOPROCTOSTO	2,546
44208	LAP COLECTOMY/COLOPROCTOSTO	2,768
44210	LAP TOTAL PROCTOCOLECTOMY	2,447
44211	LAP TOTAL PROCTOCOLECTOMY	3,043
44212	LAP TOTAL PROCTOCOLECTOMY	2,825
44213	LAP, MOBIL SPLENIC FL, ADD-	290
44227	LAP, CLOSE ENTEROSTOMY	2,287
44300	OPEN BOWEL TO SKIN	1,086
44310	ILEOSTOMY/JEJUNOSTOMY	1,392
44312	REVISE ILEOSTOMY	734
44314	REVISE ILEOSTOMY	1,321
44316	DEVISE BOWEL POUCH	1,808
44320	COLOSTOMY	1,557
44322	COLOSTOMY WITH BIOPSIES	1,265
44340	REVISE COLOSTOMY	738
44345	REVISE COLOSTOMY	1,374
44346	REVISE COLOSTOMY	1,498
44360	SMALL BOWEL ENDOSCOPY	220
44361	SMALL BOWEL ENDOSCOPY/BIOPS	243
44363	SMALL BOWEL ENDOSCOPY	291
44364	SMALL BOWEL ENDOSCOPY	311
44365	SMALL BOWEL ENDOSCOPY	278
44366	SMALL BOWEL ENDOSCOPY	366
44369	SMALL BOWEL ENDOSCOPY	373
44370	SMALL BOWEL ENDOSCOPY/STENT	405
44372	SMALL BOWEL ENDOSCOPY	367
44373	SMALL BOWEL ENDOSCOPY	294
44376	SMALL BOWEL ENDOSCOPY	436
44377	SMALL BOWEL ENDOSCOPY/BIOPS	456
44378	SMALL BOWEL ENDOSCOPY	585
44379	SMALL BOWEL ENDOSCOPY W/STE	623
44380	SMALL BOWEL ENDOSCOPY	96
44382	SMALL BOWEL ENDOSCOPY	115
44383	ILEOSCOPY W/STENT	251

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
44385	ENDOSCOPY BOWEL POUCH	154
44386	ENDOSCOPY BOWEL POUCH/BIOPS	181
44388	COLONOSCOPY	239
44389	COLONOSCOPY WITH BIOPSY	264
44390	COLONOSCOPY FOR FOREIGN BOD	319
44391	COLONOSCOPY FOR BLEEDING	359
44392	COLONOSCOPY & POLYPECTOMY	319
44393	COLONOSCOPY, LESION REMOVE	403
44394	COLONOSCOPY W/SNARE	369
44397	COLONOSCOPY W/STENT	390
44500	INTRO GASTROINTESTINAL TUBE	38
44602	SUTURE SMALL INTESTINE	1,384
44603	SUTURE SMALL INTESTINE	1,598
44604	SUTURE LARGE INTESTINE	1,388
44605	REPAIR BOWEL LESION	1,720
44615	INTESTINAL STRICTUROPLASTY	1,393
44620	REPAIR BOWEL OPENING	1,077
44625	REPAIR BOWEL OPENING	1,311
44626	REPAIR BOWEL OPENING	2,167
44640	REPAIR BOWEL-SKIN FISTULA	1,861
44650	REPAIR BOWEL FISTULA	1,939
44660	REPAIR BOWEL-BLADDER FISTUL	1,799
44661	REPAIR BOWEL-BLADDER FISTUL	2,097
44680	SURGICAL REVISE INTESTINE	1,346
44700	SUSPEND BOWEL W/PROSTHESIS	1,391
44701	INTRAOP COLON LAVAGE, ADD-O	255
44720	PREP DONOR INTESTINE/VENOUS	400
44721	PREP DONOR INTESTINE/ARTERY	583
44800	EXCISE BOWEL POUCH	1,025
44820	EXCISE MESENTERY LESION	1,084
44850	REPAIR MESENTERY	970
44900	DRAIN APP ABSCESS, OPEN	915
44901	DRAIN APP ABSCESS, PERCUT	265
44950	APPENDECTOMY	883
44955	APPENDECTOMY, ADD-ON	128
44960	APPENDECTOMY	1,091
44970	LAPAROSCOPY, APPENDECTOMY	789
44979	LAPAROSCOPE PROC, APP	4,433
45000	DRAIN PELVIC ABSCESS	458
45005	DRAIN RECTAL ABSCESS	219
45020	DRAIN RECTAL ABSCESS	489
45100	BIOPSY RECTUM	370
45108	REMOVE ANORECTAL LESION	463
45110	REMOVE RECTUM	2,476
45111	PARTIAL REMOVE RECTUM	1,454
45112	REMOVE RECTUM	2,580

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
45113	PARTIAL PROCTECTOMY	2,637
45114	PARTIAL REMOVE RECTUM	2,345
45116	PARTIAL REMOVE RECTUM	2,117
45119	REMOVE RECTUM W/RESERVOIR	2,636
45120	REMOVE RECTUM	2,125
45121	REMOVE RECTUM AND COLON	2,338
45123	PARTIAL PROCTECTOMY	1,436
45126	PELVIC EXENTERATION	3,890
45130	EXCISE RECTAL PROLAPSE	1,413
45135	EXCISE RECTAL PROLAPSE	1,699
45136	EXCISE ILEOANAL RESERVOIR	2,418
45150	EXCISE RECTAL STRICTURE	526
45160	EXCISE RECTAL LESION	1,338
45170	EXCISE RECTAL LESION	1,024
45190	DESTROY RECTAL TUMOR	879
45300	PROCTOSIGMOIDOSCOPY DIAG	40
45303	PROCTOSIGMOIDOSCOPY DILATE	47
45305	PROCTOSIGMOIDOSCOPY W/BIOPS	92
45307	PROCTOSIGMOIDOSCOPY FB	87
45308	PROCTOSIGMOIDOSCOPY REMOVE	77
45309	PROCTOSIGMOIDOSCOPY REMOVE	174
45315	PROCTOSIGMOIDOSCOPY REMOVE	124
45317	PROCTOSIGMOIDOSCOPY BLEED	131
45320	PROCTOSIGMOIDOSCOPY ABLATE	139
45321	PROCTOSIGMOIDOSCOPY VOLVULA	106
45327	PROCTOSIGMOIDOSCOPY W/STENT	142
45330	DIAGNOSTIC SIGMOIDOSCOPY	88
45331	SIGMOIDOSCOPY AND BIOPSY	104
45332	SIGMOIDOSCOPY W/FB REMOVE	156
45333	SIGMOIDOSCOPY & POLYPECTOMY	156
45334	SIGMOIDOSCOPY FOR BLEEDING	231
45335	SIGMOIDOSCOPY W/SUBMUC INJE	129
45337	SIGMOIDOSCOPY & DECOMPRESS	202
45338	SIGMOIDOSCOPY W/TUMOR REMOV	200
45339	SIGMOIDOSCOPY W/ABLATE TUMO	265
45340	SIG W/BALLOON DILATION	163
45341	SIGMOIDOSCOPY W/ULTRASOUND	219
45342	SIGMOIDOSCOPY W/US GUIDE BI	333
45345	SIGMOIDOSCOPY W/STENT	244
45355	SURGICAL COLONOSCOPY	297
45378	DIAGNOSTIC COLONOSCOPY	309
45379	COLONOSCOPY W/FB REMOVE	390
45380	COLONOSCOPY AND BIOPSY	369
45381	COLONOSCOPY, SUBMUCOUS INJE	348
45382	COLONOSCOPY/CONTROL BLEEDIN	469
45383	LESION REMOVE COLONOSCOPY	485

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
45384	LESION REMOVE COLONOSCOPY	391
45385	LESION REMOVE COLONOSCOPY	439
45386	COLONOSCOPY DILATE STRICTUR	382
45387	COLONOSCOPY W/STENT	494
45391	COLONOSCOPY W/ENDOSCOPE US	424
45392	COLONOSCOPY W/ENDOSCOPIC FN	535
45395	LAP, REMOVE RECTUM	2,709
45397	LAP, REMOVE RECTUM W/POUCH	2,940
45400	LAPAROSCOPIC PROCTOPEXY	1,581
45402	LAP PROCTOPEXY W/SIG RESECT	2,139
45500	REPAIR RECTUM	657
45505	REPAIR RECTUM	698
45520	TREAT RECTAL PROLAPSE	56
45540	CORRECT RECTAL PROLAPSE	1,408
45541	CORRECT RECTAL PROLAPSE	1,183
45550	REPAIR RECTUM/REMOVE SIGMOI	1,968
45560	REPAIR RECTOCELE	951
45562	EXPLORE/REPAIR RECTUM	1,370
45563	EXPLORE/REPAIR RECTUM	2,097
45800	REPAIR RECTAL/BLADDER FISTU	1,530
45805	REPAIR FISTULA W/COLOSTOMY	1,833
45820	REPAIR RECTOURETHRAL FISTUL	1,568
45825	REPAIR FISTULA W/COLOSTOMY	1,892
45900	REDUCE RECTAL PROLAPSE	251
45905	DILATE ANAL SPHINCTER	228
45910	DILATE RECTAL NARROWING	272
45915	REMOVE RECTAL OBSTRUCTION	317
45990	SURG DIAG EXAM, ANORECTAL	156
45999	RECTUM SURGERY PROCEDURE	409
46020	PLACE SETON	290
46030	REMOVE RECTAL MARKER	119
46040	INCISE RECTAL ABSCESS	525
46045	INCISE RECTAL ABSCESS	443
46050	INCISE ANAL ABSCESS	124
46060	INCISE RECTAL ABSCESS	547
46070	INCISE ANAL SEPTUM	281
46080	INCISE ANAL SPHINCTER	222
46083	INCISE EXTERNAL HEMORRHOID	141
46200	REMOVE ANAL FISSURE	384
46210	REMOVE ANAL CRYPT	324
46211	REMOVE ANAL CRYPTS	474
46220	REMOVE ANAL TAG	153
46221	LIGATE HEMORRHOID(S)	232
46230	REMOVE ANAL TAGS	236
46250	HEMORRHOIDECTOMY	399
46255	HEMORRHOIDECTOMY	457

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
46257	REMOVE HEMORRHOIDS & FISSUR	507
46258	REMOVE HEMORRHOIDS & FISTUL	552
46260	HEMORRHOIDECTOMY	585
46261	REMOVE HEMORRHOIDS & FISSUR	652
46262	REMOVE HEMORRHOIDS & FISTUL	685
46270	REMOVE ANAL FISTULA	402
46275	REMOVE ANAL FISTULA	460
46280	REMOVE ANAL FISTULA	563
46285	REMOVE ANAL FISTULA	416
46288	REPAIR ANAL FISTULA	659
46320	REMOVE HEMORRHOID CLOT	150
46500	INJECTION INTO HEMORRHOID(S)	168
46505	CHEMODENERVATION ANAL MUSC	286
46600	DIAGNOSTIC ANOSCOPY	51
46604	ANOSCOPY AND DILATION	116
46606	ANOSCOPY AND BIOPSY	76
46608	ANOSCOPY, REMOVE FOR BODY	131
46610	ANOSCOPY, REMOVE LESION	118
46611	ANOSCOPY	157
46612	ANOSCOPY, REMOVE LESIONS	204
46614	ANOSCOPY, CONTROL BLEEDING	173
46615	ANOSCOPY	230
46700	REPAIR ANAL STRICTURE	810
46705	REPAIR ANAL STRICTURE	653
46706	REPAIR ANAL FISTULA W/GLUE	223
46710	REPAIR PER/VAG POUCH SINGLE	1,430
46712	REPAIR PER/VAG POUCH DBLOOD	2,988
46715	REP PERF ANOPER FISTULA	663
46716	REP PERF ANOPER/VESTIB FIST	1,401
46730	CONSTRUCT ABSENT ANUS	2,339
46735	CONSTRUCT ABSENT ANUS	2,769
46740	CONSTRUCT ABSENT ANUS	2,590
46742	REPAIR IMPERFORATED ANUS	3,205
46744	REPAIR CLOACAL ANOMALY	4,524
46746	REPAIR CLOACAL ANOMALY	5,146
46748	REPAIR CLOACAL ANOMALY	5,165
46750	REPAIR ANAL SPHINCTER	931
46751	REPAIR ANAL SPHINCTER	864
46753	RECONSTRUCT ANUS	741
46754	REMOVE SUTURE FROM ANUS	234
46760	REPAIR ANAL SPHINCTER	1,312
46761	REPAIR ANAL SPHINCTER	1,205
46762	IMPLANT ARTIFICIAL SPHINCTE	1,103
46900	DESTROY ANAL LESION(S)	192
46910	DESTROY ANAL LESION(S)	177
46916	CRYOSURGERY, ANAL LESION(S)	194

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
46917	LASER SURGERY, ANAL LESIONS	182
46922	EXCISE ANAL LESION(S)	179
46924	DESTROY ANAL LESION(S)	248
46934	DESTROY HEMORRHOIDS	391
46935	DESTROY HEMORRHOIDS	220
46936	DESTROY HEMORRHOIDS	374
46937	CRYOTHERAPY RECTAL LESION	230
46938	CRYOTHERAPY RECTAL LESION	474
46940	TREAT ANAL FISSURE	207
46942	TREAT ANAL FISSURE	185
46945	LIGATE HEMORRHOIDS	263
46946	LIGATE HEMORRHOIDS	303
46947	HEMORRHOIDOPEXY BY STAPLING	492
46999	ANUS SURGERY PROCEDURE	409
47000	NEEDLE BIOPSY LIVER	150
47001	NEEDLE BIOPSY LIVER, ADD-ON	157
47010	OPEN DRAIN, LIVER LESION	1,490
47011	PERCUT DRAIN, LIVER LESION	289
47015	INJECT/ASPIRATE LIVER CYST	1,386
47100	WEDGE BIOPSY LIVER	1,092
47120	PARTIAL REMOVE LIVER	3,124
47122	EXTENSIVE REMOVE LIVER	4,723
47125	PARTIAL REMOVE LIVER	4,239
47130	PARTIAL REMOVE LIVER	4,583
47133	REMOVE DONOR LIVER	4,917
47135	TRANSPLANT LIVER	6,936
47136	TRANSPLANT LIVER	5,871
47140	PARTIAL REMOVE DONOR LIVER	4,665
47141	PARTIAL REMOVE DONOR LIVER	5,639
47142	PARTIAL REMOVE DONOR LIVER	6,210
47146	PREP DONOR LIVER/VENOUS	500
47147	PREP DONOR LIVER/ARTERIAL	583
47300	SURGERY FOR LIVER LESION	1,376
47350	REPAIR LIVER WOUND	1,755
47360	REPAIR LIVER WOUND	2,367
47361	REPAIR LIVER WOUND	4,033
47362	REPAIR LIVER WOUND	1,683
47370	LAP ABLATE LIVER TUMOR RF	1,715
47371	LAP ABLATE LIVER CRYOSURG	1,718
47380	OPEN ABLATE LIVER TUMOR RF	1,989
47381	OPEN ABLATE LIVER TUMOR CRY	2,017
47382	PERCUT ABLATE LIVER RF	1,260
47399	LIVER SURGERY PROCEDURE	946
47400	INCISE LIVER DUCT	2,773
47420	INCISE BILE DUCT	1,767
47425	INCISE BILE DUCT	1,767

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
47460	INCISE BILE DUCT SPHINCTER	1,620
47480	INCISE GALLBLADDER	1,031
47490	INCISE GALLBLADDER	763
47500	INJECTION FOR LIVER X-RAYS	154
47505	INJECTION FOR LIVER X-RAYS	59
47510	INSERT CATHETER, BILE DUCT	763
47511	INSERT BILE DUCT DRAIN	922
47525	CHANGE BILE DUCT CATHETER	495
47530	REVISE/REINSERT BILE TUBE	569
47550	BILE DUCT ENDOSCOPY, ADD-ON	250
47552	BILIARY ENDOSCOPY THRU SKIN	500
47553	BILIARY ENDOSCOPY THRU SKIN	496
47554	BILIARY ENDOSCOPY THRU SKIN	755
47555	BILIARY ENDOSCOPY THRU SKIN	591
47556	BILIARY ENDOSCOPY THRU SKIN	669
47560	LAPAROSCOPY W/CHOLANGIO	405
47561	LAP W/CHOLANGIO/BIOPSY	437
47562	LAPAROSCOPIC CHOLECYSTECTOMY	991
47563	LAP CHOLECYSTECTOMY/GRAPH	1,064
47564	LAP CHOLECYSTECTOMY/EXPLORE	1,246
47570	LAP CHOLECYSTOENTEROSTOMY	1,107
47579	LAPAROSCOPE PROC, BILIARY	4,433
47600	REMOVE GALLBLADDER	1,216
47605	REMOVE GALLBLADDER	1,308
47610	REMOVE GALLBLADDER	1,650
47612	REMOVE GALLBLADDER	1,645
47620	REMOVE GALLBLADDER	1,800
47630	REMOVE BILE DUCT STONE	835
47700	EXPLORE BILE DUCTS	1,421
47701	BILE DUCT REVISION	2,425
47711	EXCISE BILE DUCT TUMOR	2,034
47712	EXCISE BILE DUCT TUMOR	2,629
47715	EXCISE BILE DUCT CYST	1,680
47716	FUSE BILE DUCT CYST	1,495
47720	FUSE GALLBLADDER & BOWEL	1,443
47721	FUSE UPPER GI STRUCTURES	1,708
47740	FUSE GALLBLADDER & BOWEL	1,655
47741	FUSE GALLBLADDER & BOWEL	1,890
47760	FUSE BILE DUCTS AND BOWEL	2,264
47765	FUSE LIVER DUCTS & BOWEL	2,202
47780	FUSE BILE DUCTS AND BOWEL	2,326
47785	FUSE BILE DUCTS AND BOWEL	2,719
47800	RECONSTRUCT BILE DUCTS	2,058
47801	PLACE BILE DUCT SUPPORT	1,396
47802	FUSE LIVER DUCT & INTESTINE	1,927
47900	SUTURE BILE DUCT INJURY	1,776

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
47999	BILE TRACT SURGERY PROCEDUR	411
48000	DRAIN ABDOMEN	2,430
48001	PLACE DRAIN, PANCREAS	3,045
48005	RESECT/DEBRIDE PANCREAS	3,624
48020	REMOVE PANCREATIC STONE	1,422
48100	BIOPSY PANCREAS, OPEN	1,100
48102	NEEDLE BIOPSY PANCREAS	392
48120	REMOVE PANCREAS LESION	1,401
48140	PARTIAL REMOVE PANCREAS	2,004
48145	PARTIAL REMOVE PANCREAS	2,088
48146	PANCREATECTOMY	2,369
48148	REMOVE PANCREATIC DUCT	1,539
48150	PARTIAL REMOVE PANCREAS	4,165
48152	PANCREATECTOMY	3,823
48153	PANCREATECTOMY	4,160
48154	PANCREATECTOMY	3,846
48155	REMOVE PANCREAS	2,240
48180	FUSE PANCREAS AND BOWEL	2,152
48400	INJECT INTRAOP, ADD-ON	155
48500	SURGERY PANCREATIC CYST	1,395
48510	DRAIN PANCREATIC PSEUDOCYST	1,338
48511	DRAIN PANCREATIC PSEUDOCYST	313
48520	FUSE PANCREAS CYST AND BOWE	1,375
48540	FUSE PANCREAS CYST AND BOWE	1,717
48545	PANCREATORRHAPHY	1,612
48547	DUODENAL EXCLUSION	2,241
48550	DONOR PANCREATECTOMY	7,821
48552	PREP DONOR PANCREAS/VENOUS	343
48554	TRANSPL ALLOGRAFT PANCREAS	3,218
48556	REMOVE ALLOGRAFT PANCREAS	1,467
48999	PANCREAS SURGERY PROCEDURE	946
49000	EXPLORE ABDOMEN	1,052
49002	REOPENING ABDOMEN	956
49010	EXPLORE BEHIND ABDOMEN	1,116
49020	DRAIN ABDOMINAL ABSCESS	2,030
49021	DRAIN ABDOMINAL ABSCESS	264
49040	DRAIN, OPEN, ABDOM ABSCESS	1,226
49041	DRAIN, PERCUT, ABDOM ABSCESS	313
49060	DRAIN, OPEN, RETROP ABSCESS	1,419
49061	DRAIN, PERCUT, RETROPER ABS	289
49062	DRAIN TO PERITONEAL CAVITY	1,030
49080	PUNCTURE, PERITONEAL CAVITY	107
49081	REMOVE ABDOMINAL FLUID	101
49085	REMOVE ABDOMEN FOREIGN BODY	1,089
49180	BIOPSY ABDOMINAL MASS	136
49200	REMOVE ABDOMINAL LESION	936

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
49201	REMOVE ABDOM LESION, COMPLE	1,345
49215	EXCISE SACRAL SPINE TUMOR	2,932
49220	MULTIPLE SURGERY, ABDOMEN	1,323
49250	EXCISE UMBILICUS	777
49255	REMOVE OMENTUM	1,031
49320	DIAG LAP SEPARATE PROC	476
49321	LAPAROSCOPY, BIOPSY	496
49322	LAPAROSCOPY, ASPIRATION	534
49323	LAP DRAIN LYMPHOCELE	860
49329	LAPARO PROC, ABDOM/PER/OMENT	4,433
49400	AIR INJECTION INTO ABDOMEN	149
49419	INSERT ABDOM CATH FOR CHEMO	627
49420	INSERT ABDOM DRAIN, TEMP	200
49421	INSERT ABDOM DRAIN, PERM	537
49422	REMOVE PERM CANNULA/CATHETER	565
49423	EXCHANGE DRAIN CATHETER	117
49424	ASSESS CYST, CONTRAST INJEC	62
49425	INSERT ABDOMEN-VENOUS DRAIN	1,049
49426	REVISE ABDOMEN-VENOUS SHUNT	889
49427	INJECT ABDOMINAL SHUNT	71
49428	LIGATE SHUNT	616
49429	REMOVE SHUNT	670
49491	REPAIR HERNIA PREEMIE REDUC	995
49492	REPAIR ING HERNIA PREEMIE, E	1,240
49495	REPAIR ING HERNIA BABY, RED	544
49496	REPAIR ING HERNIA BABY, BLO	802
49500	REPAIR ING HERNIA, INIT, RE	529
49501	REPAIR ING HERNIA, INIT BLO	805
49505	PRP I/HERNIA INIT REDUCE > 5	701
49507	PRP I/HERNIA INIT BLOCK > 5	866
49520	REREPAIR ING HERNIA, REDUCE	868
49521	REREPAIR ING HERNIA, BLOCKE	1,062
49525	REPAIR ING HERNIA, SLIDING	780
49540	REPAIR LUMBAR HERNIA	933
49550	REPAIR REM HERNIA, INIT, RE	787
49553	REPAIR FEM HERNIA, INIT BLO	855
49555	REREPAIR FEM HERNIA, REDUCE	821
49557	REREPAIR FEM HERNIA, BLOCKE	995
49560	REPAIR VENTRAL HERNIA INIT,C	1,031
49561	REPAIR VENTRAL HERNIA INIT,K	1,253
49565	REREPAIR VENTRAL HERNIA, RE	1,036
49566	REREPAIR VENTRAL HERNIA, BL	1,267
49568	HERNIA REPAIR W/MESH	404
49570	REPAIR EPIGASTRIC HERNIA, R	546
49572	REPAIR EPIGASTRIC HERNIA, BD	629
49580	REPAIR UMBIL HERNIA, REDUCEY	413

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
49582	REPAIR UMBIL HERNIA, BLOCK R	624
49585	REPAIR UMBIL HERNIA, REDUCEY	587
49587	REPAIR UMBIL HERNIA, BLOCK R	697
49590	REPAIR SPIGELIAN HERNIA	779
49600	REPAIR UMBILICAL LESION	999
49605	REPAIR UMBILICAL LESION	6,418
49606	REPAIR UMBILICAL LESION	1,622
49610	REPAIR UMBILICAL LESION	953
49611	REPAIR UMBILICAL LESION	960
49650	LAP HERNIA REPAIR INITIAL	589
49651	LAP HERNIA REPAIR RECUR	761
49659	LAPARO PROC, HERNIA REPAIR	7,308
49900	REPAIR ABDOMINAL WALL	1,142
49904	OMENTAL FLAP, EXTRA-ABDOM	2,174
49905	OMENTAL FLAP, INTRA-ABDOM	540
50010	EXPLORE KIDNEY	973
50020	RENAL ABSCESS, OPEN DRAIN	1,352
50021	RENAL ABSCESS, PERCUT DRAIN	264
50040	DRAIN KIDNEY	1,294
50045	EXPLORE KIDNEY	1,321
50060	REMOVE KIDNEY STONE	1,614
50065	INCISE KIDNEY	1,601
50070	INCISE KIDNEY	1,698
50075	REMOVE KIDNEY STONE	2,097
50080	REMOVE KIDNEY STONE	1,250
50081	REMOVE KIDNEY STONE	1,819
50100	REVISE KIDNEY BLOOD VESSELS	1,470
50120	EXPLORE KIDNEY	1,355
50125	EXPLORE AND DRAIN KIDNEY	1,412
50130	REMOVE KIDNEY STONE	1,455
50135	EXPLORE KIDNEY	1,603
50200	BIOPSY KIDNEY	232
50205	BIOPSY KIDNEY	997
50220	REMOVE KIDNEY, OPEN	1,459
50225	REMOVE KIDNEY OPEN, COMPLEX	1,692
50230	REMOVE KIDNEY OPEN, RADICAL	1,823
50234	REMOVE KIDNEY & URETER	1,859
50236	REMOVE KIDNEY & URETER	2,090
50240	PARTIAL REMOVE KIDNEY	1,846
50250	CRYOABLATE RENAL MASS OPEN	1,736
50280	REMOVE KIDNEY LESION	1,336
50290	REMOVE KIDNEY LESION	1,281
50300	REMOVE CADAVER DONOR KIDNEY	5,370
50320	REMOVE KIDNEY, LIVING DONOR	1,999
50327	PREP RENAL GRAFT/VENOUS	318
50328	PREP RENAL GRAFT/ARTERIAL	279

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
50329	PREP RENAL GRAFT/URETERAL	266
50340	REMOVE KIDNEY	1,153
50360	TRANSPLANT KIDNEY	2,883
50365	TRANSPLANT KIDNEY	3,372
50370	REMOVE TRANSPLANTED KIDNEY	1,280
50380	REIMPLANT KIDNEY	2,011
50382	CHANGE URETER STENT, PERCUT	436
50384	REMOVE URETER STENT, PERCUT	397
50387	CHANGE EXT/INT URETER STENT	158
50389	REMOVE RENAL TUBE W/FLUORO	87
50390	DRAIN KIDNEY LESION	154
50391	INSTILL RX AGENT INTO RENAL	154
50392	INSERT KIDNEY DRAIN	289
50393	INSERT URETERAL TUBE	352
50394	INJECTION FOR KIDNEY X-RAY	85
50395	CREATE PASSAGE TO KIDNEY	289
50396	MEASURE KIDNEY PRESSURE	188
50398	CHANGE KIDNEY TUBE	117
50400	REVISE KIDNEY/URETER	1,629
50405	REVISE KIDNEY/URETER	1,965
50500	REPAIR KIDNEY WOUND	1,696
50520	CLOSE KIDNEY-SKIN FISTULA	1,482
50525	REPAIR RENAL-ABDOMEN FISTUL	1,874
50526	REPAIR RENAL-ABDOMEN FISTUL	2,030
50540	REVISE HORSESHOE KIDNEY	1,679
50541	LAP ABLATE RENAL CYST	1,338
50542	LAP ABLATE RENAL MASS	1,673
50543	LAP PARTIAL NEPHRECTOMY	2,124
50544	LAPAROSCOPY, PYELOPLASTY	1,839
50545	LAP RADICAL NEPHRECTOMY	1,974
50546	LAPAROSCOPIC NEPHRECTOMY	1,723
50547	LAP REMOVE DONOR KIDNEY	2,229
50548	LAP REMOVE W/URETER	1,997
50549	LAPAROSCOPE PROC, RENAL	4,433
50551	KIDNEY ENDOSCOPY	450
50553	KIDNEY ENDOSCOPY	484
50555	KIDNEY ENDOSCOPY & BIOPSY	526
50557	KIDNEY ENDOSCOPY & TREATMEN	530
50561	KIDNEY ENDOSCOPY & TREATMEN	609
50562	RENAL SCOPE W/TUMOR RESECT	904
50570	KIDNEY ENDOSCOPY	758
50572	KIDNEY ENDOSCOPY	829
50574	KIDNEY ENDOSCOPY & BIOPSY	877
50575	KIDNEY ENDOSCOPY	1,106
50576	KIDNEY ENDOSCOPY & TREATMEN	870
50580	KIDNEY ENDOSCOPY & TREATMEN	939

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
50590	FRAGMENT KIDNEY STONE	787
50592	PERC RF ABLATE RENAL TUMOR	578
50600	EXPLORE URETER	1,341
50605	INSERT URETERAL SUPPORT	1,340
50610	REMOVE URETER STONE	1,379
50620	REMOVE URETER STONE	1,280
50630	REMOVE URETER STONE	1,265
50650	REMOVE URETER	1,466
50660	REMOVE URETER	1,637
50684	INJECTION FOR URETER X-RAY	73
50686	MEASURE URETER PRESSURE	139
50688	CHANGE URETER TUBE/STENT	133
50690	INJECTION FOR URETER X-RAY	112
50700	REVISE URETER	1,341
50715	RELEASE URETER	1,687
50722	RELEASE URETER	1,478
50725	RELEASE/REVISE URETER	1,591
50727	REVISE URETER	745
50728	REVISE URETER	1,055
50740	FUSE URETER & KIDNEY	1,590
50750	FUSE URETER & KIDNEY	1,636
50760	FUSE URETERS	1,566
50770	SPLICE URETERS	1,639
50780	REIMPLANT URETER IN BLADDER	1,555
50782	REIMPLANT URETER IN BLADDER	1,698
50783	REIMPLANT URETER IN BLADDER	1,738
50785	REIMPLANT URETER IN BLADDER	1,715
50800	IMPLANT URETER IN BOWEL	1,259
50810	FUSE URETER & BOWEL	1,781
50815	URINE SHUNT TO INTESTINE	1,696
50820	CONSTRUCT BOWEL BLADDER	1,834
50825	CONSTRUCT BOWEL BLADDER	2,343
50830	REVISE URINE FLOW	2,593
50840	REPLACE URETER BY BOWEL	1,695
50845	APPENDICO-VESICOSTOMY	1,779
50860	TRANSPLANT URETER TO SKIN	1,319
50900	REPAIR URETER	1,186
50920	CLOSURE URETER/SKIN FISTULA	1,245
50930	CLOSURE URETER/BOWEL FISTUL	1,587
50940	RELEASE URETER	1,257
50945	LAPAROSCOPY URETEROLITHOTOM	1,439
50947	LAP NEW URETER/BLADDER	2,056
50948	LAP NEW URETER/BLADDER	1,861
50951	ENDOSCOPY URETER	469
50953	ENDOSCOPY URETER	511
50955	URETER ENDOSCOPY & BIOPSY	562

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
50957	URETER ENDOSCOPY & TREATMEN	545
50961	URETER ENDOSCOPY & TREATMEN	489
50970	URETER ENDOSCOPY	572
50972	URETER ENDOSCOPY & CATHETER	556
50974	URETER ENDOSCOPY & BIOPSY	729
50976	URETER ENDOSCOPY & TREATMEN	720
50980	URETER ENDOSCOPY & TREATMEN	548
51000	DRAIN BLADDER	60
51005	DRAIN BLADDER	82
51010	DRAIN BLADDER	324
51020	INCISE & TREAT BLADDER	631
51030	INCISE & TREAT BLADDER	647
51040	INCISE & DRAIN BLADDER	428
51045	INCISE BLADDER/DRAIN URETER	641
51050	REMOVE BLADDER STONE	630
51060	REMOVE URETER STONE	796
51065	REMOVE URETER CALCULUS	788
51080	DRAIN BLADDER ABSCESS	568
51500	REMOVE BLADDER CYST	918
51520	REMOVE BLADDER LESION	835
51525	REMOVE BLADDER LESION	1,197
51530	REMOVE BLADDER LESION	1,089
51535	REPAIR URETER LESION	1,131
51550	PARTIAL REMOVE BLADDER	1,344
51555	PARTIAL REMOVE BLADDER	1,789
51565	REVISE BLADDER & URETER(S)	1,826
51570	REMOVE BLADDER	2,022
51575	REMOVE BLADDER & NODES	2,527
51580	REMOVE BLADDER/REVISE TRACT	2,595
51585	REMOVE BLADDER & NODES	2,911
51590	REMOVE BLADDER/REVISE TRACT	2,691
51595	REMOVE BLADDER/REVISE TRACT	3,048
51596	REMOVE BLADDER/CREATE POUCH	3,256
51597	REMOVE PELVIC STRUCTURES	3,168
51600	INJECTION FOR BLADDER X-RAY	69
51605	PREPARATION FOR BLADDER X-R	59
51610	INJECTION FOR BLADDER X-RAY	98
51700	IRRIGATE BLADDER	69
51701	INSERT BLADDER CATHETER	41
51702	INSERT TEMP BLADDER CATH	44
51703	INSERT BLADDER CATH, COMPLE	121
51705	CHANGE BLADDER TUBE	97
51710	CHANGE BLADDER TUBE	135
51715	ENDOSCOPIC INJECTION/IMPLAN	303
51720	TREAT BLADDER LESION	158
51725	SIMPLE CYSTOMETROGRAM	435

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
51726	COMPLEX CYSTOMETROGRAM	565
51736	URINE FLOW MEASUREMENT	72
51741	ELECTRO-UROFLOWMETRY, FIRST	117
51772	URETHRA PRESSURE PROFILE	442
51784	ANAL/URINARY MUSCLE STUDY	337
51785	ANAL/URINARY MUSCLE STUDY	365
51792	URINARY REFLEX STUDY	439
51795	URINE VOIDING PRESSURE STUD	544
51797	INTRAABDOMINAL PRESSURE TES	453
51798	US URINE CAPACITY MEASURE	25
51800	REVISE BLADDER/URETHRA	1,492
51820	REVISE URINARY TRACT	1,584
51840	ATTACH BLADDER/URETHRA	986
51841	ATTACH BLADDER/URETHRA	1,173
51845	REPAIR BLADDER NECK	868
51860	REPAIR BLADDER WOUND	1,075
51865	REPAIR BLADDER WOUND	1,302
51880	REPAIR BLADDER OPENING	702
51900	REPAIR BLADDER/VAGINA LESIO	1,149
51920	CLOSE BLADDER-UTERUS FISTUL	1,057
51925	HYSTERECTOMY/BLADDER REPAIR	1,491
51940	CORRECT BLADDER DEFECT	2,419
51960	REVISE BLADDER & BOWEL	1,944
51980	CONSTRUCT BLADDER OPENING	1,000
51990	LAP URETHRAL SUSPENSION	1,137
51992	LAP SLING OPERATION	1,226
52000	CYSTOSCOPY	165
52001	CYSTOSCOPY, REMOVE CLOTS	435
52005	CYSTOSCOPY & URETER CATHETE	194
52007	CYSTOSCOPY AND BIOPSY	248
52010	CYSTOSCOPY & DUCT CATHETER	248
52204	CYSTOSCOPY	195
52214	CYSTOSCOPY AND TREATMENT	299
52224	CYSTOSCOPY AND TREATMENT	255
52234	CYSTOSCOPY AND TREATMENT	374
52235	CYSTOSCOPY AND TREATMENT	439
52240	CYSTOSCOPY AND TREATMENT	774
52250	CYSTOSCOPY AND RADIOTRACER	365
52260	CYSTOSCOPY AND TREATMENT	317
52265	CYSTOSCOPY AND TREATMENT	242
52270	CYSTOSCOPY & REVISE URETHRA	274
52275	CYSTOSCOPY & REVISE URETHRA	378
52276	CYSTOSCOPY AND TREATMENT	403
52277	CYSTOSCOPY AND TREATMENT	499
52281	CYSTOSCOPY AND TREATMENT	231
52282	CYSTOSCOPY, IMPLANT STENT	513

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
52283	CYSTOSCOPY AND TREATMENT	304
52285	CYSTOSCOPY AND TREATMENT	294
52290	CYSTOSCOPY AND TREATMENT	370
52300	CYSTOSCOPY AND TREATMENT	429
52301	CYSTOSCOPY AND TREATMENT	449
52305	CYSTOSCOPY AND TREATMENT	426
52310	CYSTOSCOPY AND TREATMENT	228
52315	CYSTOSCOPY AND TREATMENT	419
52317	REMOVE BLADDER STONE	535
52318	REMOVE BLADDER STONE	730
52320	CYSTOSCOPY AND TREATMENT	376
52325	CYSTOSCOPY, STONE REMOVE	492
52327	CYSTOSCOPY, INJECT MATERIAL	416
52330	CYSTOSCOPY AND TREATMENT	404
52332	CYSTOSCOPY AND TREATMENT	231
52334	CREATE PASSAGE TO KIDNEY	391
52341	CYSTO W/URETER STRICTURE TX	489
52342	CYSTO W/UP STRICTURE TX	526
52343	CYSTO W/RENAL STRICTURE TX	582
52344	CYSTO/URETERO, STRICTURE TX	624
52345	CYSTO/URETERO W/UP STRICTUR	663
52346	CYSTOURETERO W/RENAL STRICT	744
52351	CYSTOURETERO & OR PYELOSCOP	476
52352	CYSTOURETERO W/STONE REMOVE	558
52353	CYSTOURETERO W/LITHOTRIPSY	644
52354	CYSTOURETERO W/BIOPSY	596
52355	CYSTOURETERO W/EXCISE TUMOR	712
52400	CYSTOURETERO W/CONGEN REPAI	798
52402	CYSTOURETHRO CUT EJACUL DUC	416
52450	INCISE PROSTATE	674
52500	REVISE BLADDER NECK	739
52510	DILATION PROSTATIC URETHRA	586
52601	PROSTATECTOMY (TURP)	1,040
52606	CONTROL POSTOP BLEEDING	696
52612	PROSTATECTOMY, FIRST STAGE	698
52614	PROSTATECTOMY, SECOND STAGE	607
52620	REMOVE RESIDUAL PROSTATE	572
52630	REMOVE PROSTATE REGROWTH	623
52640	RELIEVE BLADDER CONTRACTURE	571
52647	LASER SURGERY PROSTATE	886
52648	LASER SURGERY PROSTATE	952
52700	DRAIN PROSTATE ABSCESS	595
53000	INCISE URETHRA	228
53010	INCISE URETHRA	392
53020	INCISE URETHRA	145
53025	INCISE URETHRA	98

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
53040	DRAIN URETHRA ABSCESS	587
53060	DRAIN URETHRA ABSCESS	243
53080	DRAIN URINARY LEAKAGE	739
53085	DRAIN URINARY LEAKAGE	1,068
53200	BIOPSY URETHRA	213
53210	REMOVE URETHRA	1,097
53215	REMOVE URETHRA	1,322
53220	TREAT URETHRA LESION	639
53230	REMOVE URETHRA LESION	855
53235	REMOVE URETHRA LESION	897
53240	SURGERY FOR URETHRA POUCH	599
53250	REMOVE URETHRA GLAND	552
53260	TREAT URETHRA LESION	264
53265	TREAT URETHRA LESION	272
53270	REMOVE URETHRA GLAND	280
53275	REPAIR URETHRA DEFECT	404
53400	REVISE URETHRA, STAGE 1	1,124
53405	REVISE URETHRA, STAGE 2	1,243
53410	RECONSTRUCT URETHRA	1,399
53415	RECONSTRUCT URETHRA	1,591
53420	RECONSTRUCT URETHRA, STAGE	1,212
53425	RECONSTRUCT URETHRA, STAGE	1,362
53430	RECONSTRUCT URETHRA	1,390
53431	RECONSTRUCT URETHRA/BLADDER	1,663
53440	MALE SLING PROCEDURE	1,167
53442	REMOVE/REVISE MALE SLING	1,014
53444	INSERT TANDEM CUFF	1,148
53445	INSERT URO/VES NECK SPHINCT	1,261
53446	REMOVE URO SPHINCTER	921
53447	REMOVE/REPLACE UR SPHINCTER	1,187
53448	REMOVE/REPLACE UR SPHINCTER	1,799
53449	REPAIR URO SPHINCTER	860
53450	REVISE URETHRA	563
53460	REVISE URETHRA	645
53500	URETHROLYSIS, TRANSVAG W/ S	1,100
53502	REPAIR URETHRA INJURY	697
53505	REPAIR URETHRA INJURY	686
53510	REPAIR URETHRA INJURY	912
53515	REPAIR URETHRA INJURY	1,152
53520	REPAIR URETHRA DEFECT	785
53600	DILATE URETHRA STRICTURE	98
53601	DILATE URETHRA STRICTURE	80
53605	DILATE URETHRA STRICTURE	100
53620	DILATE URETHRA STRICTURE	131
53621	DILATE URETHRA STRICTURE	110
53660	DILATE URETHRA	61

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
53661	DILATE URETHRA	60
53665	DILATE URETHRA	60
53850	PROSTATIC MICROWAVE THERMOT	798
53852	PROSTATIC RF THERMOTX	849
53853	PROSTATIC WATER THERMOTHERA	483
53899	UROLOGY SURGERY PROCEDURE	680
54000	SLIT PREPUCE	148
54001	SLIT PREPUCE	197
54015	DRAIN PENIS LESION	470
54050	DESTROY PENIS LESION(S)	136
54055	DESTROY PENIS LESION(S)	121
54056	CRYOSURGERY, PENIS LESION(S)	141
54057	LASER SURG, PENIS LESION(S)	124
54060	EXCISE PENIS LESION(S)	178
54065	DESTROY PENIS LESION(S)	216
54100	BIOPSY PENIS	160
54105	BIOPSY PENIS	324
54110	TREAT PENIS LESION	887
54111	TREAT PENIS LESION, GRAFT	1,151
54112	TREAT PENIS LESION, GRAFT	1,349
54115	TREAT PENIS LESION	573
54120	PARTIAL REMOVE PENIS	872
54125	REMOVE PENIS	1,152
54130	REMOVE PENIS & NODES	1,690
54135	REMOVE PENIS & NODES	2,173
54150	CIRCUMCISION	151
54152	CIRCUMCISION	211
54160	CIRCUMCISION	213
54161	CIRCUMCISION	288
54162	LYSIS PENILE CIRCUMCISION L	265
54163	REPAIR CIRCUMCISION	300
54164	FRENULOTOMY PENIS	260
54200	TREAT PENIS LESION	122
54205	TREAT PENIS LESION	753
54220	TREAT PENIS LESION	201
54230	PREPARE PENIS STUDY	117
54231	DYNAMIC CAVERNOSOMETRY	174
54235	PENILE INJECTION	105
54240	PENIS STUDY	144
54250	PENIS STUDY	188
54300	REVISE PENIS	955
54304	REVISE PENIS	1,122
54308	RECONSTRUCT URETHRA	1,061
54312	RECONSTRUCT URETHRA	1,240
54316	RECONSTRUCT URETHRA	1,477
54318	RECONSTRUCT URETHRA	1,046

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
54322	RECONSTRUCT URETHRA	1,161
54324	RECONSTRUCT URETHRA	1,446
54326	RECONSTRUCT URETHRA	1,401
54328	REVISE PENIS/URETHRA	1,358
54332	REVISE PENIS/URETHRA	1,478
54336	REVISE PENIS/URETHRA	1,849
54340	SECONDARY URETHRAL SURGERY	833
54344	SECONDARY URETHRAL SURGERY	1,433
54348	SECONDARY URETHRAL SURGERY	1,521
54352	RECONSTRUCT URETHRA/PENIS	2,165
54360	PENIS PLASTIC SURGERY	1,071
54380	REPAIR PENIS	1,180
54385	REPAIR PENIS	1,400
54390	REPAIR PENIS AND BLADDER	1,848
54400	INSERT SEMI-RIGID PROSTHE	795
54401	INSERT SELF-CONTAIN PROSTHE	956
54405	INSERT MULTI-COMP PENIS PRO	1,152
54406	REMOVE MULTI-COMP PENIS PRO	1,044
54408	REPAIR MULTI-COMP PENIS PRO	1,101
54410	REMOVE/REPLACE PENIS PROSTH	1,317
54411	REMOVE/REPLACE PENIS PROS,	1,372
54415	REMOVE SELF-CONTAIN PENIS P	739
54416	REMOVE/REPLACE PENIS CONTAIS	968
54417	REMOVE/REPLACE PENIS PROS,	1,212
54420	REVISE PENIS	1,013
54430	REVISE PENIS	909
54435	REVISE PENIS	581
54440	REPAIR PENIS	1,904
54450	PREPUTIAL STRETCHING	93
54500	BIOPSY TESTIS	112
54505	BIOPSY TESTIS	322
54512	EXCISE LESION TESTIS	761
54520	REMOVE TESTIS	485
54522	ORCHIECTOMY, PARTIAL	868
54530	REMOVE TESTIS	767
54535	EXTENSIVE TESTIS SURGERY	1,059
54550	EXPLORE FOR TESTIS	693
54560	EXPLORE FOR TESTIS	976
54600	REDUCE TESTIS TORSION	630
54620	SUSPEND TESTIS	438
54640	SUSPEND TESTIS	641
54650	ORCHIOPEXY (FOWLER-STEPHENS	1,022
54660	REVISE TESTIS	488
54670	REPAIR TESTIS INJURY	594
54680	RELOCATE TESTIS(ES)	1,134
54690	LAPAROSCOPY, ORCHIECTOMY	959

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
54692	LAPAROSCOPY, ORCHIOPEXY	1,110
54699	LAPAROSCOPE PROC, TESTIS	4,257
54700	DRAIN SCROTUM	322
54800	BIOPSY EPIDIDYMIS	196
54820	EXPLORE EPIDIDYMIS	484
54830	REMOVE EPIDIDYMIS LESION	503
54840	REMOVE EPIDIDYMIS LESION	476
54860	REMOVE EPIDIDYMIS	574
54861	REMOVE EPIDIDYMIS	787
54900	FUSE SPERMATIC DUCTS	1,131
54901	FUSE SPERMATIC DUCTS	1,543
55000	DRAIN HYDROCELE	124
55040	REMOVE HYDROCELE	495
55041	REMOVE HYDROCELES	701
55060	REPAIR HYDROCELE	517
55100	DRAIN SCROTUM ABSCESS	222
55110	EXPLORE SCROTUM	528
55120	REMOVE SCROTUM LESION	481
55150	REMOVE SCROTUM	662
55175	REVISE SCROTUM	492
55180	REVISE SCROTUM	966
55200	INCISE SPERM DUCT	396
55250	REMOVE SPERM DUCT(S)	331
55300	PREPARE, SPERM DUCT X-RAY	286
55400	REPAIR SPERM DUCT	750
55450	LIGATE SPERM DUCT	356
55500	REMOVE HYDROCELE	526
55520	REMOVE SPERM CORD LESION	570
55530	REVISE SPERMATIC CORD VEINS	519
55535	REVISE SPERMATIC CORD VEINS	594
55540	REVISE HERNIA & SPERM VEINS	704
55550	LAP LIGATE SPERMATIC VEIN	594
55559	LAPARO PROC, SPERMATIC CORD	4,433
55600	INCISE SPERM DUCT POUCH	587
55605	INCISE SPERM DUCT POUCH	735
55650	REMOVE SPERM DUCT POUCH	1,021
55680	REMOVE SPERM POUCH LESION	492
55700	BIOPSY PROSTATE	132
55705	BIOPSY PROSTATE	409
55720	DRAIN PROSTATE ABSCESS	704
55725	DRAIN PROSTATE ABSCESS	790
55801	REMOVE PROSTATE	1,517
55810	EXTENSIVE PROSTATE SURGERY	1,875
55812	EXTENSIVE PROSTATE SURGERY	2,295
55815	EXTENSIVE PROSTATE SURGERY	2,519
55821	REMOVE PROSTATE	1,218

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
55831	REMOVE PROSTATE	1,326
55840	EXTENSIVE PROSTATE SURGERY	1,903
55842	EXTENSIVE PROSTATE SURGERY	2,036
55845	EXTENSIVE PROSTATE SURGERY	2,348
55859	PERCUT/NEEDLE INSERT, PROS	1,094
55860	SURGICAL EXPOSURE, PROSTATE	1,242
55862	EXTENSIVE PROSTATE SURGERY	1,571
55865	EXTENSIVE PROSTATE SURGERY	1,913
55866	LAP RADICAL PROSTATECTOMY	2,524
55870	ELECTROEJACULATION	217
55873	CRYOABLATE PROSTATE	1,693
55899	GENITAL SURGERY PROCEDURE	379
56405	I & D VULVA/PERINEUM	158
56420	DRAIN GLAND ABSCESS	149
56440	SURGERY FOR VULVA LESION	279
56441	LYSIS LABIAL LESION(S)	205
56501	DESTROY, VULVA LESIONS, SIM	170
56515	DESTROY VULVA LESION/S COMP	281
56605	BIOPSY VULVA/PERINEUM	96
56606	BIOPSY VULVA/PERINEUM	47
56620	PARTIAL REMOVE VULVA	752
56625	COMPLETE REMOVE VULVA	842
56630	EXTENSIVE VULVA SURGERY	1,177
56631	EXTENSIVE VULVA SURGERY	1,534
56632	EXTENSIVE VULVA SURGERY	1,825
56633	EXTENSIVE VULVA SURGERY	1,536
56634	EXTENSIVE VULVA SURGERY	1,675
56637	EXTENSIVE VULVA SURGERY	2,024
56640	EXTENSIVE VULVA SURGERY	2,021
56700	PARTIAL REMOVE HYMEN	267
56720	INCISE HYMEN	73
56740	REMOVE VAGINA GLAND LESION	438
56800	REPAIR VAGINA	372
56805	REPAIR CLITORIS	1,727
56810	REPAIR PERINEUM	393
56820	EXAM VULVA W/SCOPE	132
56821	EXAM/BIOPSY VULVA W/SCOPE	182
57000	EXPLORE VAGINA	285
57010	DRAIN PELVIC ABSCESS	602
57020	DRAIN PELVIC FLUID	128
57022	I & D VAGINAL HEMATOMA, PP	246
57023	I & D VAG HEMATOMA, NON-OB	449
57061	DESTROY VAG LESIONS, SIMPLE	145
57065	DESTROY VAG LESIONS, COMPLE	262
57100	BIOPSY VAGINA	103
57105	BIOPSY VAGINA	191

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
57106	REMOVE VAGINA WALL, PARTIAL	645
57107	REMOVE VAGINA TISSUE, PART	2,049
57109	VAGINECTOMY PARTIAL W/NODES	2,343
57110	REMOVE VAGINA WALL, COMPLET	1,323
57111	REMOVE VAGINA TISSUE, COMPL	2,425
57112	VAGINECTOMY W/NODES, COMPL	2,499
57120	CLOSE VAGINA	737
57130	REMOVE VAGINA LESION	243
57135	REMOVE VAGINA LESION	264
57150	TREAT VAGINA INFECTION	47
57155	INSERT UTERI TANDEMS/OVOIDS	648
57160	INSERT PESSARY/OTHER DEVICE	75
57170	FIT DIAPHRAGM/CAP	76
57180	TREAT VAGINAL BLEEDING	174
57200	REPAIR VAGINA	418
57210	REPAIR VAGINA/PERINEUM	527
57220	REVISE URETHRA	454
57230	REPAIR URETHRAL LESION	547
57240	REPAIR BLADDER & VAGINA	600
57250	REPAIR RECTUM & VAGINA	557
57260	REPAIR VAGINA	802
57265	EXTENSIVE REPAIR VAGINA	1,063
57267	INSERT MESH/PELVIC FLOOR, A	423
57268	REPAIR BOWEL BULGE	670
57270	REPAIR BOWEL POUCH	1,124
57280	SUSPEND VAGINA	1,367
57282	COLPOPEXY, EXTRAPERITONEAL	707
57283	COLPOPEXY, INTRAPERITONEAL	1,014
57284	REPAIR PARA-VAGINAL DEFECT	1,211
57287	REVISE/REMOVE SLING REPAIR	973
57288	REPAIR BLADDER DEFECT	1,138
57289	REPAIR BLADDER & VAGINA	1,071
57291	CONSTRUCT VAGINA	788
57292	CONSTRUCT VAGINA WITH GRAFT	1,228
57295	CHANGE VAGINAL GRAFT	730
57300	REPAIR RECTUM-VAGINA FISTUL	727
57305	REPAIR RECTUM-VAGINA FISTUL	1,232
57307	FISTULA REPAIR & COLOSTOMY	1,410
57308	FISTULA REPAIR, TRANSPERINE	919
57310	REPAIR URETHROVAGINAL LESIO	637
57311	REPAIR URETHROVAGINAL LESIO	726
57320	REPAIR BLADDER-VAGINA LESIO	745
57330	REPAIR BLADDER-VAGINA LESIO	1,085
57335	REPAIR VAGINA	1,685
57400	DILATE VAGINA	207
57410	PELVIC EXAMINATION	160

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
57415	REMOVE VAGINAL FOREIGN BODY	219
57420	EXAM VAGINA W/SCOPE	139
57421	EXAM/BIOPSY VAG W/SCOPE	194
57425	LAPAROSCOPY, SURG, COLPOPEX	1,365
57452	EXAM CERVIX W/SCOPE	139
57454	BIOPSY/CURETTE CERVIX W/SCO	213
57455	BIOPSY CERVIX W/SCOPE	175
57456	ENDOCERV CURETTAGE W/SCOPE	164
57460	BIOPSY CERVIX W/SCOPE, LEEP	258
57461	CONIZATION CERVIX W/SCOPE,	300
57500	BIOPSY CERVIX	98
57505	ENDOCERVICAL CURETTAGE	138
57510	CAUTERIZE CERVIX	180
57511	CRYOCAUTERY CERVIX	201
57513	LASER SURGERY CERVIX	202
57520	CONIZATION CERVIX	424
57522	CONIZATION CERVIX	357
57530	REMOVE CERVIX	501
57531	REMOVE CERVIX, RADICAL	2,523
57540	REMOVE RESIDUAL CERVIX	1,133
57545	REMOVE CERVIX/REPAIR PELVIS	1,206
57550	REMOVE RESIDUAL CERVIX	574
57555	REMOVE CERVIX/REPAIR VAGINA	861
57556	REMOVE CERVIX, REPAIR BOWEL	806
57700	REVISE CERVIX	407
57720	REVISE CERVIX	443
57800	DILATE CERVICAL CANAL	76
57820	D & C RESIDUAL CERVIX	172
58100	BIOPSY UTERUS LINING	138
58110	BIOPSY DONE W/COLPOSCOPY, A	66
58120	DILATION AND CURETTAGE	316
58140	MYOMECTOMY ABDOM METHOD	1,334
58145	MYOMECTOMY VAG METHOD	787
58146	MYOMECTOMY ABDOM COMPLEX	1,719
58150	TOTAL HYSTERECTOMY	1,394
58152	TOTAL HYSTERECTOMY	1,867
58180	PARTIAL HYSTERECTOMY	1,385
58200	EXTENSIVE HYSTERECTOMY	1,934
58210	EXTENSIVE HYSTERECTOMY	2,573
58240	REMOVE PELVIS CONTENTS	3,414
58260	VAGINAL HYSTERECTOMY	1,207
58262	VAG HYST INCLUDING T/O	1,359
58263	VAG HYST W/T/O & VAG REPAIR	1,469
58267	VAG HYST W/URINARY REPAIR	1,558
58270	VAG HYST W/ENTEROCELE REPAI	1,308
58275	HYSTERECTOMY/REVISE VAGINA	1,444

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
58280	HYSTERECTOMY/REVISE VAGINA	1,549
58285	EXTENSIVE HYSTERECTOMY	1,976
58290	VAG HYST COMPLEX	1,725
58291	VAG HYST INCL T/O, COMPLEX	1,881
58292	VAG HYST T/O & REPAIR, COMP	1,990
58293	VAG HYST W/URO REPAIR, COMP	2,068
58294	VAG HYST W/ENTEROCELE, COMP	1,827
58300	INSERT INTRAUTERINE DEVICE	292
58301	REMOVE INTRAUTERINE DEVICE	107
58321	ARTIFICIAL INSEMINATION	79
58322	ARTIFICIAL INSEMINATION	93
58323	SPERM WASHING	20
58340	CATHETER FOR HYSTEROGRAPHY	93
58345	REOPEN FALLOPIAN TUBE	427
58346	INSERT HEYMAN UTERI CAPSULE	642
58350	REOPEN FALLOPIAN TUBE	118
58353	ENDOMETRIAL ABLATE, THERMAL	344
58356	ENDOMETRIAL CRYOABLATION	558
58400	SUSPEND UTERUS	630
58410	SUSPEND UTERUS	1,171
58520	REPAIR RUPTURED UTERUS	1,103
58540	REVISE UTERUS	1,325
58545	LAPAROSCOPIC MYOMECTOMY	1,336
58546	LAP-MYOMECTOMY, COMPLEX	1,712
58550	LAP-ASST VAG HYSTERECTOMY	1,318
58552	LAP-VAG HYST INCL T/O	1,462
58553	LAP-VAG HYST, COMPLEX	1,712
58554	LAP-VAG HYST W/T/O, COMPL	1,967
58555	HYSTEROSCOPY, DIAG, SEP PRO	299
58558	HYSTEROSCOPY, BIOPSY	424
58559	HYSTEROSCOPY, LYSIS	546
58560	HYSTEROSCOPY, RESECT SEPTUM	618
58561	HYSTEROSCOPY, REMOVE MYOMA	876
58562	HYSTEROSCOPY, REMOVE FB	464
58563	HYSTEROSCOPY, ABLATION	547
58565	HYSTEROSCOPY, STERILIZATION	688
58578	LAPARO PROC, UTERUS	2,062
58579	HYSTEROSCOPE PROCEDURE	2,062
58600	DIVIDE FALLOPIAN TUBE	547
58605	DIVIDE FALLOPIAN TUBE	497
58611	LIGATE OVIDUCT(S), ADD-ON	124
58615	OCCLUDE FALLOPIAN TUBE(S)	405
58660	LAPAROSCOPY, LYSIS	1,017
58661	LAPAROSCOPY, REMOVE ADNEXA	992
58662	LAPAROSCOPY, EXCISE LESIONS	1,078
58670	LAPAROSCOPY, TUBAL CAUTERY	544

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
58671	LAPAROSCOPY, TUBAL BLOCK	544
58672	LAPAROSCOPY, FIMBRIOPLASTY	1,172
58673	LAPAROSCOPY, SALPINGOSTOMY	1,248
58679	LAPARO PROC, OVIDUCT-OVARY	4,433
58700	REMOVE FALLOPIAN TUBE	1,109
58720	REMOVE OVARY/TUBE(S)	1,052
58740	REVISE FALLOPIAN TUBE(S)	1,297
58750	REPAIR OVIDUCT	1,364
58752	REVISE OVARIAN TUBE(S)	1,337
58760	REMOVE TUBAL OBSTRUCTION	1,227
58770	CREATE NEW TUBAL OPENING	1,282
58800	DRAIN OVARIAN CYST(S)	428
58805	DRAIN OVARIAN CYST(S)	574
58820	DRAIN OVARY ABSCESS, OPEN	461
58822	DRAIN OVARY ABSCESS, PERCUT	938
58823	DRAIN PELVIC ABSCESS, PERCU	267
58825	TRANSPOSITION, OVARY(S)	1,028
58900	BIOPSY OVARY(S)	585
58920	PARTIAL REMOVE OVARY(S)	1,042
58925	REMOVE OVARIAN CYST(S)	1,047
58940	REMOVE OVARY(S)	700
58943	REMOVE OVARY(S)	1,660
58950	RESECT OVARIAN MALIGNANCY	1,553
58951	RESECT OVARIAN MALIGNANCY	2,010
58952	RESECT OVARIAN MALIGNANCY	2,255
58953	TAH, RAD DISSECT FOR DEBULK	2,853
58954	TAH RAD DEBULK/LYMPH REMOVE	3,107
58956	BSO, OMENTECTOMY W/TAH	1,984
58960	EXPLORE ABDOMEN	1,351
58970	RETRIEVE OOCYTE	308
58974	TRANSFER EMBRYO	1,229
58976	TRANSFER EMBRYO	347
58999	GENITAL SURGERY PROCEDURE	699
59000	AMNIOCENTESIS, DIAGNOSTIC	129
59001	AMNIOCENTESIS, THERAPEUTIC	288
59012	FETAL CORD PUNCTURE, PRENAT	326
59015	CHORION BIOPSY	212
59020	FETAL CONTRACT STRESS TEST	97
59025	FETAL NON-STRESS TEST	64
59030	FETAL SCALP BLOOD SAMPLE	181
59050	FETAL MONITOR W/REPORT	81
59051	FETAL MONITOR/INTERPRET ONL	67
59070	TRANSABDOM AMNIOINFUSION W/	446
59072	UMBILICAL CORD OCCLUD W/US	697
59074	FETAL FLUID DRAIN W/US	446
59076	FETAL SHUNT PLACE W/US	697

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
59100	REMOVE UTERUS LESION	1,227
59120	TREAT ECTOPIC PREGNANCY	1,155
59121	TREAT ECTOPIC PREGNANCY	1,173
59130	TREAT ECTOPIC PREGNANCY	1,250
59135	TREAT ECTOPIC PREGNANCY	1,377
59136	TREAT ECTOPIC PREGNANCY	1,291
59140	TREAT ECTOPIC PREGNANCY	502
59150	TREAT ECTOPIC PREGNANCY	1,153
59151	TREAT ECTOPIC PREGNANCY	1,144
59160	D & C AFTER DELIVERY	313
59200	INSERT CERVICAL DILATOR	72
59300	EPISIOTOMY OR VAGINAL REPAI	221
59320	REVISE CERVIX	243
59325	REVISE CERVIX	385
59350	REPAIR UTERUS	447
59400	OBSTETRICAL CARE	2,491
59409	OBSTETRICAL CARE	1,233
59410	OBSTETRICAL CARE	1,381
59412	ANTEPARTUM MANIPULATION	164
59414	DELIVER PLACENTA	147
59425	ANTEPARTUM CARE ONLY	437
59426	ANTEPARTUM CARE ONLY	755
59430	CARE AFTER DELIVERY	201
59510	CESAREAN DELIVERY	2,823
59514	CESAREAN DELIVERY ONLY	1,455
59515	CESAREAN DELIVERY	1,648
59525	REMOVE UTERUS AFTER CESAREA	772
59610	VBAC DELIVERY	2,630
59612	VBAC DELIVERY ONLY	1,384
59614	VBAC CARE AFTER DELIVERY	1,524
59618	ATTEMPTED VBAC DELIVERY	2,987
59620	ATTEMPTED VBAC DELIVERY ONL	1,593
59622	ATTEMPTED VBAC AFTER CARE	1,802
59812	TREAT MISCARRIAGE	425
59820	CARE MISCARRIAGE	488
59821	TREAT MISCARRIAGE	509
59830	TREAT UTERUS INFECTION	655
59840	ABORTION	333
59841	ABORTION	534
59850	ABORTION	591
59851	ABORTION	622
59852	ABORTION	855
59855	ABORTION	629
59856	ABORTION	752
59857	ABORTION	904
59866	ABORTION (MPR)	381

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
59870	EVACUATE MOLE UTERUS	679
59871	REMOVE CERCLAGE SUTURE	212
59899	MATERNITY CARE PROCEDURE	235
60000	DRAIN THYROID/TONGUE CYST	210
60001	ASPIRATE/INJECT THYROID CYS	77
60100	BIOPSY THYROID	124
60200	REMOVE THYROID LESION	946
60210	PARTIAL THYROID EXCISE	1,009
60212	PARTIAL THYROID EXCISE	1,454
60220	PARTIAL REMOVE THYROID	1,101
60225	PARTIAL REMOVE THYROID	1,321
60240	REMOVE THYROID	1,446
60252	REMOVE THYROID	1,871
60254	EXTENSIVE THYROID SURGERY	2,490
60260	REPEAT THYROID SURGERY	1,593
60270	REMOVE THYROID	1,878
60271	REMOVE THYROID	1,543
60280	REMOVE THYROID DUCT LESION	637
60281	REMOVE THYROID DUCT LESION	866
60500	EXPLORE PARATHYROID GLANDS	1,452
60502	RE-EXPLORE PARATHYROID	1,826
60505	EXPLORE PARATHYROID GLANDS	1,991
60512	AUTOTRANSPLANT PARATHYROID	371
60520	REMOVE THYMUS GLAND	1,547
60521	REMOVE THYMUS GLAND	1,770
60522	REMOVE THYMUS GLAND	2,131
60540	EXPLORE ADRENAL GLAND	1,493
60545	EXPLORE ADRENAL GLAND	1,726
60600	REMOVE CAROTID BODY LESION	1,774
60605	REMOVE CAROTID BODY LESION	1,996
60650	LAPAROSCOPY ADRENALECTOMY	1,709
60699	ENDOCRINE SURGERY PROCEDURE	320
61000	REMOVE CRANIAL CAVITY FLUID	152
61001	REMOVE CRANIAL CAVITY FLUID	155
61020	REMOVE BRAIN CAVITY FLUID	183
61026	INJECTION INTO BRAIN CANAL	195
61050	REMOVE BRAIN CANAL FLUID	167
61055	INJECTION INTO BRAIN CANAL	212
61070	BRAIN CANAL SHUNT PROCEDURE	120
61105	TWIST DRILL HOLE	592
61107	DRILL SKULL FOR IMPLANTATIO	497
61108	DRILL SKULL FOR DRAIN	1,134
61120	BURR HOLE FOR PUNCTURE	958
61140	PIERCE SKULL FOR BIOPSY	1,693
61150	PIERCE SKULL FOR DRAIN	1,825
61151	PIERCE SKULL FOR DRAIN	1,317

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
61154	PIERCE SKULL & REMOVE CLOT	1,623
61156	PIERCE SKULL FOR DRAIN	1,719
61210	PIERCE SKULL, IMPLANT DEVIC	577
61215	INSERT BRAIN-FLUID DEVICE	579
61250	PIERCE SKULL & EXPLORE	1,135
61253	PIERCE SKULL & EXPLORE	1,288
61304	OPEN SKULL FOR EXPLORE	2,285
61305	OPEN SKULL FOR EXPLORE	2,716
61312	OPEN SKULL FOR DRAIN	2,601
61313	OPEN SKULL FOR DRAIN	2,610
61314	OPEN SKULL FOR DRAIN	2,455
61315	OPEN SKULL FOR DRAIN	2,873
61316	IMPLANT CRANIAL BONE FLAP TO	131
61320	OPEN SKULL FOR DRAIN	2,654
61321	OPEN SKULL FOR DRAIN	2,924
61322	DECOMPRESSIVE CRANIOTOMY	2,976
61323	DECOMPRESSIVE LOBECTOMY	3,104
61330	DECOMPRESS EYE SOCKET	2,247
61332	EXPLORE/BIOPSY EYE SOCKET	2,708
61333	EXPLORE ORBIT/REMOVE LESION	2,697
61334	EXPLORE ORBIT/REMOVE OBJECT	1,749
61340	SUBTEMPORAL DECOMPRESSION	1,957
61343	INCISE SKULL (PRESS RELIEF)	3,061
61345	RELIEVE CRANIAL PRESSURE	2,802
61440	INCISE SKULL FOR SURGERY	2,690
61450	INCISE SKULL FOR SURGERY	2,601
61458	INCISE SKULL FOR BRAIN WOUN	2,814
61460	INCISE SKULL FOR SURGERY	2,880
61470	INCISE SKULL FOR SURGERY	2,587
61480	INCISE SKULL FOR SURGERY	2,740
61490	INCISE SKULL FOR SURGERY	2,645
61500	REMOVE SKULL LESION	1,860
61501	REMOVE INFECTED SKULL BONE	1,547
61510	REMOVE BRAIN LESION	2,967
61512	REMOVE BRAIN LINING LESION	3,603
61514	REMOVE BRAIN ABSCESS	2,610
61516	REMOVE BRAIN LESION	2,555
61517	IMPLANT BRAIN CHEMOTX, ADD-	133
61518	REMOVE BRAIN LESION	3,842
61519	REMOVE BRAIN LINING LESION	4,212
61520	REMOVE BRAIN LESION	5,456
61521	REMOVE BRAIN LESION	4,517
61522	REMOVE BRAIN ABSCESS	3,019
61524	REMOVE BRAIN LESION	2,861
61526	REMOVE BRAIN LESION	5,047
61530	REMOVE BRAIN LESION	4,270

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
61531	IMPLANT BRAIN ELECTRODES	1,559
61533	IMPLANT BRAIN ELECTRODES	2,054
61534	REMOVE BRAIN LESION	2,174
61535	REMOVE BRAIN ELECTRODES	1,250
61536	REMOVE BRAIN LESION	3,641
61537	REMOVE BRAIN TISSUE	2,635
61538	REMOVE BRAIN TISSUE	2,770
61539	REMOVE BRAIN TISSUE	3,282
61540	REMOVE BRAIN TISSUE	3,135
61541	INCISE BRAIN TISSUE	2,921
61542	REMOVE BRAIN TISSUE	3,212
61543	REMOVE BRAIN TISSUE	3,001
61544	REMOVE & TREAT BRAIN LESION	2,557
61545	EXCISE BRAIN TUMOR	4,441
61546	REMOVE PITUITARY GLAND	3,189
61548	REMOVE PITUITARY GLAND	2,147
61550	RELEASE SKULL SEAMS	1,284
61552	RELEASE SKULL SEAMS	1,693
61556	INCISE SKULL/SUTURES	2,161
61557	INCISE SKULL/SUTURES	2,365
61558	EXCISE SKULL/SUTURES	2,352
61559	EXCISE SKULL/SUTURES	3,426
61563	EXCISE SKULL TUMOR	2,678
61564	EXCISE SKULL TUMOR	3,433
61566	REMOVE BRAIN TISSUE	3,153
61567	INCISE BRAIN TISSUE	3,559
61570	REMOVE FOREIGN BODY, BRAIN	2,509
61571	INCISE SKULL FOR BRAIN WOUN	2,729
61575	SKULL BASE/BRAINSTEM SURGER	3,372
61576	SKULL BASE/BRAINSTEM SURGER	5,309
61580	CRANIOFACIAL APPROACH, SKUL	3,417
61581	CRANIOFACIAL APPROACH, SKUL	3,548
61582	CRANIOFACIAL APPROACH, SKUL	3,789
61583	CRANIOFACIAL APPROACH, SKUL	4,006
61584	ORBITOCRANIAL APPROACH/SKUL	3,832
61585	ORBITOCRANIAL APPROACH/SKUL	4,114
61586	RESECT NASOPHARYNX, SKULL	2,994
61590	INFRATEMPORAL APPROACH/SKUL	4,332
61591	INFRATEMPORAL APPROACH/SKUL	4,510
61592	ORBITOCRANIAL APPROACH/SKUL	4,324
61595	TRANSTEMPORAL APPROACH/SKUL	3,206
61596	TRANSCOCHLEAR APPROACH/SKUL	3,640
61597	TRANSCONDYLAR APPROACH/SKUL	3,954
61598	TRANSPETROSAL APPROACH/SKUL	3,559
61600	RESECT/EXCISE CRANIAL LESIO	2,833
61601	RESECT/EXCISE CRANIAL LESIO	3,133

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
61605	RESECT/EXCISE CRANIAL LESIO	3,113
61606	RESECT/EXCISE CRANIAL LESIO	4,141
61607	RESECT/EXCISE CRANIAL LESIO	3,812
61608	RESECT/EXCISE CRANIAL LESIO	4,500
61609	TRANSECT ARTERY, SINUS	973
61610	TRANSECT ARTERY, SINUS	2,833
61611	TRANSECT ARTERY, SINUS	739
61612	TRANSECT ARTERY, SINUS	2,574
61613	REMOVE ANEURYSM, SINUS	4,295
61615	RESECT/EXCISE LESION, SKULL	3,405
61616	RESECT/EXCISE LESION, SKULL	4,569
61618	REPAIR DURA	1,767
61619	REPAIR DURA	2,095
61623	ENDOVASC TEMP VESSEL OCCLUS	854
61624	TRANSCATH OCCLUSION, CNS	1,634
61626	TRANSCATH OCCLUSION, NON-CN	1,319
61680	INTRACRANIAL VESSEL SURGERY	3,167
61682	INTRACRANIAL VESSEL SURGERY	6,179
61684	INTRACRANIAL VESSEL SURGERY	4,069
61686	INTRACRANIAL VESSEL SURGERY	6,535
61690	INTRACRANIAL VESSEL SURGERY	2,995
61692	INTRACRANIAL VESSEL SURGERY	5,228
61697	BRAIN ANEURYSM REPAIR, COMP	5,157
61698	BRAIN ANEURYSM REPAIR, COMP	4,944
61700	BRAIN ANEURYSM REPAIR, SIMP	5,153
61702	INNER SKULL VESSEL SURGERY	4,816
61703	CLAMP NECK ARTERY	1,812
61705	REVISE CIRCULATION TO HEAD	3,628
61708	REVISE CIRCULATION TO HEAD	3,005
61710	REVISE CIRCULATION TO HEAD	2,704
61711	FUSE SKULL ARTERIES	3,697
61720	INCISE SKULL/BRAIN SURGERY	1,679
61735	INCISE SKULL/BRAIN SURGERY	2,013
61750	INCISE SKULL/BRAIN BIOPSY	1,895
61751	BRAIN BIOPSY W/CT/MR GUIDE	1,867
61760	IMPLANT BRAIN ELECTRODES	2,038
61770	INCISE SKULL FOR TREATMENT	2,115
61790	TREAT TRIGEMINAL NERVE	1,105
61791	TREAT TRIGEMINAL TRACT	1,526
61793	FOCUS RADIATION BEAM	1,798
61795	BRAIN SURGERY USING COMPUTE	388
61850	IMPLANT NEUROELECTRODES	1,317
61860	IMPLANT NEUROELECTRODES	2,143
61863	IMPLANT NEUROELECTRODE	2,045
61864	IMPLANT NEUROELECTRODE,, AD	662
61867	IMPLANT NEUROELECTRODE	3,110

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
61868	IMPLANT NEUROELECTRODE,, AD	957
61870	IMPLANT NEUROELECTRODES	1,616
61875	IMPLANT NEUROELECTRODES	1,506
61880	REVISE/REMOVE NEUROELECTROD	712
61885	INSERT/REDO NEUROSTIM 1 ARR	729
61886	IMPLANT NEUROSTIM ARRAYS	931
61888	REVISE/REMOVE NEURORECEIVER	572
62000	TREAT SKULL FRACTURE	1,084
62005	TREAT SKULL FRACTURE	1,628
62010	TREAT HEAD INJURY	2,072
62100	REPAIR BRAIN FLUID LEAKAGE	2,246
62115	REDUCE SKULL DEFECT	2,188
62116	REDUCE SKULL DEFECT	2,431
62117	REDUCE SKULL DEFECT	2,641
62120	REPAIR SKULL CAVITY LESION	2,575
62121	INCISE SKULL REPAIR	2,351
62140	REPAIR SKULL DEFECT	1,432
62141	REPAIR SKULL DEFECT	1,569
62142	REMOVE SKULL PLATE/FLAP	1,162
62143	REPLACE SKULL PLATE/FLAP	1,384
62145	REPAIR SKULL & BRAIN	1,935
62146	REPAIR SKULL WITH GRAFT	1,664
62147	REPAIR SKULL WITH GRAFT	1,980
62148	RETR BONE FLAP TO FIX SKULL	187
62160	NEUROENDOSCOPY, ADD-ON	299
62161	DISSECT BRAIN W/SCOPE	2,109
62162	REMOVE COLLOID CYST W/SCOPE	2,604
62163	NEUROENDOSCOPY W/FB REMOVE	1,668
62164	REMOVE BRAIN TUMOR W/SCOPE	2,707
62165	REMOVE PITUITARY TUMOR W/SC	2,188
62180	ESTABLISH BRAIN CAVITY SHUN	2,169
62190	ESTABLISH BRAIN CAVITY SHUN	1,187
62192	ESTABLISH BRAIN CAVITY SHUN	1,296
62194	REPLACE/IRRIGATE CATHETER	473
62200	ESTABLISH BRAIN CAVITY SHUN	1,912
62201	BRAIN CAVITY SHUNT W/SCOPE	1,586
62220	ESTABLISH BRAIN CAVITY SHUN	1,377
62223	ESTABLISH BRAIN CAVITY SHUN	1,375
62225	REPLACE/IRRIGATE CATHETER	620
62230	REPLACE/REVISE BRAIN SHUNT	1,116
62252	CSF SHUNT REPROGRAM	142
62256	REMOVE BRAIN CAVITY SHUNT	739
62258	REPLACE BRAIN CAVITY SHUNT	1,527
62263	EPIDURAL LYSIS MULT SESSION	556
62264	EPIDURAL LYSIS ON SINGLE DA	345
62268	DRAIN SPINAL CORD CYST	415

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
62269	NEEDLE BIOPSY SPINAL CORD	417
62270	SPINAL FLUID TAP, DIAGNOSTI	101
62272	DRAIN CEREBRO SPINAL FLUID	127
62273	INJECT EPIDURAL PATCH	169
62280	TREAT SPINAL CORD LESION	222
62281	TREAT SPINAL CORD LESION	211
62282	TREAT SPINAL CANAL LESION	194
62284	INJECTION FOR MYELOGRAM	133
62287	PERCUTANEOUS DISKECTOMY	817
62290	INJECT FOR SPINE DISK X-RAY	262
62291	INJECT FOR SPINE DISK X-RAY	249
62292	INJECTION INTO DISK LESION	750
62294	INJECTION INTO SPINAL ARTER	1,059
62310	INJECT SPINE C/T	151
62311	INJECT SPINE L/S (CD)	126
62318	INJECT SPINE W/CATH, C/T	159
62319	INJECT SPINE W/CATH L/S (CD	146
62350	IMPLANT SPINAL CANAL CATH	673
62351	IMPLANT SPINAL CANAL CATH	1,103
62355	REMOVE SPINAL CANAL CATHETE	531
62360	INSERT SPINE INFUSION DEVIC	327
62361	IMPLANT SPINE INFUSION PUMP	580
62362	IMPLANT SPINE INFUSION PUMP	716
62365	REMOVE SPINE INFUSION DEVIC	563
62367	ANALYZE SPINE INFUSION PUMP	34
62368	ANALYZE SPINE INFUSION PUMP	55
63001	REMOVE SPINAL LAMINA	1,648
63003	REMOVE SPINAL LAMINA	1,675
63005	REMOVE SPINAL LAMINA	1,605
63011	REMOVE SPINAL LAMINA	1,480
63012	REMOVE SPINAL LAMINA	1,648
63015	REMOVE SPINAL LAMINA	2,037
63016	REMOVE SPINAL LAMINA	2,015
63017	REMOVE SPINAL LAMINA	1,702
63020	NECK SPINE DISK SURGERY	1,600
63030	LOW BACK DISK SURGERY	1,331
63035	SPINAL DISK SURGERY, ADD-ON	311
63040	LAMINOTOMY, SINGLE CERVICAL	1,981
63042	LAMINOTOMY, SINGLE LUMBAR	1,876
63043	LAMINOTOMY, ADD?L CERVICAL	1,412
63044	LAMINOTOMY, ADD?L LUMBAR	1,857
63045	REMOVE SPINAL LAMINA	1,748
63046	REMOVE SPINAL LAMINA	1,677
63047	REMOVE SPINAL LAMINA	1,578
63048	REMOVE SPINAL LAMINA, ADD-O	318
63050	CERVICAL LAMINOPLASTY	2,110

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
63051	C-LAMINOPLASTY W/GRAFT/PLAT	2,404
63055	DECOMPRESS SPINAL CORD	2,287
63056	DECOMPRESS SPINAL CORD	2,136
63057	DECOMPRESS SPINE CORD, ADD-	514
63064	DECOMPRESS SPINAL CORD	2,532
63066	DECOMPRESS SPINE CORD, ADD-	317
63075	NECK SPINE DISK SURGERY	2,048
63076	NECK SPINE DISK SURGERY	398
63077	SPINE DISK SURGERY, THORAX	2,171
63078	SPINE DISK SURGERY, THORAX	315
63081	REMOVE VERTEBRAL BODY	2,470
63082	REMOVE VERTEBRAL BODY, ADD-	429
63085	REMOVE VERTEBRAL BODY	2,663
63086	REMOVE VERTEBRAL BODY, ADD-	304
63087	REMOVE VERTEBRAL BODY	3,472
63088	REMOVE VERTEBRAL BODY, ADD-	414
63090	REMOVE VERTEBRAL BODY	2,752
63091	REMOVE VERTEBRAL BODY, ADD-	281
63101	REMOVE VERTEBRAL BODY	3,238
63102	REMOVE VERTEBRAL BODY	3,238
63103	REMOVE VERTEBRAL BODY, ADD-	455
63170	INCISE SPINAL CORD TRACT(S)	2,069
63172	DRAIN SPINAL CYST	1,855
63173	DRAIN SPINAL CYST	2,288
63180	REVISE SPINAL CORD LIGAMENT	1,883
63182	REVISE SPINAL CORD LIGAMENT	2,072
63185	INCISE SPINAL COLUMN/NERVES	1,468
63190	INCISE SPINAL COLUMN/NERVES	1,749
63191	INCISE SPINAL COLUMN/NERVES	1,932
63194	INCISE SPINAL COLUMN & CORD	1,943
63195	INCISE SPINAL COLUMN & CORD	1,964
63196	INCISE SPINAL COLUMN & CORD	2,345
63197	INCISE SPINAL COLUMN & CORD	2,186
63198	INCISE SPINAL COLUMN & CORD	2,243
63199	INCISE SPINAL COLUMN & CORD	2,478
63200	RELEASE SPINAL CORD	2,003
63250	REVISE SPINAL CORD VESSELS	3,929
63251	REVISE SPINAL CORD VESSELS	4,188
63252	REVISE SPINAL CORD VESSELS	4,177
63265	EXCISE INTRASPINAL LESION	2,249
63266	EXCISE INTRASPINAL LESION	2,321
63267	EXCISE INTRASPINAL LESION	1,892
63268	EXCISE INTRASPINAL LESION	1,845
63270	EXCISE INTRASPINAL LESION	2,774
63271	EXCISE INTRASPINAL LESION	2,791
63272	EXCISE INTRASPINAL LESION	2,612

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
63273	EXCISE INTRASPINAL LESION	2,511
63275	BIOPSY/EXCISE SPINAL TUMOR	2,446
63276	BIOPSY/EXCISE SPINAL TUMOR	2,429
63277	BIOPSY/EXCISE SPINAL TUMOR	2,172
63278	BIOPSY/EXCISE SPINAL TUMOR	2,126
63280	BIOPSY/EXCISE SPINAL TUMOR	2,934
63281	BIOPSY/EXCISE SPINAL TUMOR	2,904
63282	BIOPSY/EXCISE SPINAL TUMOR	2,740
63283	BIOPSY/EXCISE SPINAL TUMOR	2,596
63285	BIOPSY/EXCISE SPINAL TUMOR	3,676
63286	BIOPSY/EXCISE SPINAL TUMOR	3,655
63287	BIOPSY/EXCISE SPINAL TUMOR	3,754
63290	BIOPSY/EXCISE SPINAL TUMOR	3,784
63295	REPAIR LAMINECTOMY DEFECT	474
63300	REMOVE VERTEBRAL BODY	2,528
63301	REMOVE VERTEBRAL BODY	2,751
63302	REMOVE VERTEBRAL BODY	2,788
63303	REMOVE VERTEBRAL BODY	2,958
63304	REMOVE VERTEBRAL BODY	3,059
63305	REMOVE VERTEBRAL BODY	3,165
63306	REMOVE VERTEBRAL BODY	3,293
63307	REMOVE VERTEBRAL BODY	3,003
63308	REMOVE VERTEBRAL BODY, ADD-	515
63600	REMOVE SPINAL CORD LESION	1,182
63610	STIMULATE SPINAL CORD	664
63615	REMOVE LESION SPINAL CORD	1,612
63650	IMPLANT NEUROELECTRODES	594
63655	IMPLANT NEUROELECTRODES	1,114
63660	REVISE/REMOVE NEUROELECTROD	601
63685	INSERT/REDO SPINE N GENERAT	696
63688	REVISE/REMOVE NEURORECEIVER	561
63700	REPAIR SPINAL HERNIATION	1,724
63702	REPAIR SPINAL HERNIATION	1,906
63704	REPAIR SPINAL HERNIATION	2,194
63706	REPAIR SPINAL HERNIATION	2,480
63707	REPAIR SPINAL FLUID LEAKAGE	1,221
63709	REPAIR SPINAL FLUID LEAKAGE	1,524
63710	GRAFT REPAIR SPINE DEFECT	1,504
63740	INSTALL SPINAL SHUNT	1,226
63741	INSTALL SPINAL SHUNT	831
63744	REVISE SPINAL SHUNT	866
63746	REMOVE SPINAL SHUNT	664
64400	NERVE BLOCK INJ, TRIGEMINAL	91
64402	NERVE BLOCK INJ, FACIAL	110
64405	NERVE BLOCK INJ, OCCIPITAL	105
64408	NERVE BLOCK INJ, VAGUS	135

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
64410	NERVE BLOCK INJ, PHRENIC	112
64412	NERVE BLOCK INJ, SPINAL ACCY	96
64413	NERVE BLOCK INJ, CERVICAL P	112
64415	NERVE BLOCK INJ, BRACHIAL P	115
64416	NERVE BLOCK CONT INFUSE, B	257
64417	NERVE BLOCK INJ, AXILLARY	115
64418	NERVE BLOCK INJ, SUPRASCAPU	103
64420	NERVE BLOCK INJ, INTERCOSTAN	95
64421	NERVE BLOCK INJ, INTERCOSTAL	130
64425	NERVE BLOCK INJ, ILIO-ING/H	136
64430	NERVE BLOCK INJ, PUDENDAL	119
64435	NERVE BLOCK INJ, PARACERVIC	131
64445	NERVE BLOCK INJ, SCIATIC, S	117
64446	NERVE BLOCK INJ, SCIATIC, CN	251
64447	NERVE BLOCK INJ FEM, SINGLE	114
64448	NERVE BLOCK INJ FEM, CONT I	224
64449	NERVE BLOCK INJ, LUMBAR PLE	232
64450	NERVE BLOCK, OTHER PERIPHER	106
64470	INJECT PARAVERTEBRAL C/T	151
64472	INJECT PARAVERTEBRAL C/T, A	96
64475	INJECT PARAVERTEBRAL L/S	122
64476	INJECT PARAVERTEBRAL L/S, A	72
64479	INJECT FORAMEN EPIDURAL C/T	182
64480	INJECT FORAMEN EPIDURAL, AD	119
64483	INJECT FORAMEN EPIDURAL L/S	161
64484	INJECT FORAMEN EPIDURAL, AD	100
64505	NERVE BLOCK, SPENOPALATINE I	121
64508	NERVE BLOCK, CAROTID SINUS	111
64510	NERVE BLOCK, STELLATE GANGL	102
64517	NERVE BLOCK INJ, HYPOGAS PL	180
64520	NERVE BLOCK, LUMBAR/THORACI	112
64530	NERVE BLOCK INJ, CELIAC PEL	132
64550	APPLY NEUROSTIMULATOR	14
64553	IMPLANT NEUROELECTRODES	251
64555	IMPLANT NEUROELECTRODES	208
64560	IMPLANT NEUROELECTRODES	220
64561	IMPLANT NEUROELECTRODES	568
64565	IMPLANT NEUROELECTRODES	181
64573	IMPLANT NEUROELECTRODES	817
64575	IMPLANT NEUROELECTRODES	435
64577	IMPLANT NEUROELECTRODES	509
64580	IMPLANT NEUROELECTRODES	464
64581	IMPLANT NEUROELECTRODES	1,128
64585	REVISE/REMOVE NEUROELECTROD	255
64590	INSERT/REDO PERPH N GENERAT	283
64595	REVISE/REMOVE NEUORECEIVER	224

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
64600	INJECTION TREAT NERVE	308
64605	INJECTION TREAT NERVE	484
64610	INJECTION TREAT NERVE	703
64612	DESTROY NERVE, FACE MUSCLE	195
64613	DESTROY NERVE, NECK MUSCLE	189
64614	DESTROY NERVE, EXTREM MUSC	207
64620	INJECTION TREAT NERVE	249
64622	DESTROY PARAVERTEBRAL NERVE	259
64623	DESTROY PARAVERTEBRAL N, AD	71
64626	DESTROY PARAVERTEBRAL NERVE	312
64627	DESTROY PARAVERTEBRAL N, AD	84
64630	INJECTION TREAT NERVE	263
64640	INJECTION TREAT NERVE	281
64650	CHEMODENERVATION ENDOCRINE S	60
64653	CHEMODENERVATION ENDOCRINE S	76
64680	INJECTION TREAT NERVE	242
64681	INJECTION TREAT NERVE	337
64702	REVISE FINGER/TOE NERVE	501
64704	REVISE HAND/FOOT NERVE	486
64708	REVISE ARM/LEG NERVE	685
64712	REVISE SCIATIC NERVE	780
64713	REVISE ARM NERVE(S)	1,060
64714	REVISE LOW BACK NERVE(S)	888
64716	REVISE CRANIAL NERVE	747
64718	REVISE ULNAR NERVE AT ELBOW	752
64719	REVISE ULNAR NERVE AT WRIST	584
64721	CARPAL TUNNEL SURGERY	603
64722	RELIEVE PRESSURE ON NERVE(S)	470
64726	RELEASE FOOT/TOE NERVE	429
64727	INTERNAL NERVE REVISION	288
64732	INCISE BROW NERVE	508
64734	INCISE CHEEK NERVE	565
64736	INCISE CHIN NERVE	527
64738	INCISE JAW NERVE	654
64740	INCISE TONGUE NERVE	658
64742	INCISE FACIAL NERVE	669
64744	INCISE NERVE, BACK OF HEAD	579
64746	INCISE DIAPHRAGM NERVE	645
64752	INCISE VAGUS NERVE	700
64755	INCISE STOMACH NERVES	1,185
64760	INCISE VAGUS NERVE	637
64761	INCISE PELVIS NERVE	597
64763	INCISE HIP/THIGH NERVE	749
64766	INCISE HIP/THIGH NERVE	855
64771	SEVER CRANIAL NERVE	809
64772	INCISE SPINAL NERVE	771

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
64774	REMOVE SKIN NERVE LESION	558
64776	REMOVE DIGIT NERVE LESION	547
64778	DIGIT NERVE SURGERY, ADD-ON	287
64782	REMOVE LIMB NERVE LESION	619
64783	LIMB NERVE SURGERY, ADD-ON	344
64784	REMOVE NERVE LESION	1,017
64786	REMOVE SCIATIC NERVE LESION	1,589
64787	IMPLANT NERVE END	397
64788	REMOVE SKIN NERVE LESION	504
64790	REMOVE NERVE LESION	1,173
64792	REMOVE NERVE LESION	1,491
64795	BIOPSY NERVE	288
64802	REMOVE SYMPATHETIC NERVES	885
64804	REMOVE SYMPATHETIC NERVES	1,356
64809	REMOVE SYMPATHETIC NERVES	1,184
64818	REMOVE SYMPATHETIC NERVES	960
64820	REMOVE SYMPATHETIC NERVES	1,085
64821	REMOVE SYMPATHETIC NERVES	997
64822	REMOVE SYMPATHETIC NERVES	993
64823	REMOVE SYMPATHETIC NERVES	1,151
64831	REPAIR DIGIT NERVE	1,027
64832	REPAIR NERVE, ADD-ON	535
64834	REPAIR HAND OR FOOT NERVE	1,076
64835	REPAIR HAND OR FOOT NERVE	1,164
64836	REPAIR HAND OR FOOT NERVE	1,159
64837	REPAIR NERVE, ADD-ON	593
64840	REPAIR LEG NERVE	1,295
64856	REPAIR/TRANSPOSE NERVE	1,433
64857	REPAIR ARM/LEG NERVE	1,504
64858	REPAIR SCIATIC NERVE	1,741
64859	NERVE SURGERY	404
64861	REPAIR ARM NERVES	1,991
64862	REPAIR LOW BACK NERVES	2,024
64864	REPAIR FACIAL NERVE	1,295
64865	REPAIR FACIAL NERVE	1,748
64866	FUSE FACIAL/OTHER NERVE	1,781
64868	FUSE FACIAL/OTHER NERVE	1,550
64870	FUSE FACIAL/OTHER NERVE	1,485
64872	SUBSEQUENT REPAIR NERVE	191
64874	REPAIR & REVISE NERVE, ADD-	280
64876	REPAIR NERVE/SHORTEN BONE	317
64885	NERVE GRAFT, HEAD OR NECK	1,762
64886	NERVE GRAFT, HEAD OR NECK	2,083
64890	NERVE GRAFT, HAND OR FOOT	1,566
64891	NERVE GRAFT, HAND OR FOOT	1,439
64892	NERVE GRAFT, ARM OR LEG	1,478

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
64893	NERVE GRAFT, ARM OR LEG	1,599
64895	NERVE GRAFT, HAND OR FOOT	1,785
64896	NERVE GRAFT, HAND OR FOOT	1,965
64897	NERVE GRAFT, ARM OR LEG	1,792
64898	NERVE GRAFT, ARM OR LEG	1,941
64901	NERVE GRAFT, ADD-ON	957
64902	NERVE GRAFT, ADD-ON	1,098
64905	NERVE PEDICLE TRANSFER	1,396
64907	NERVE PEDICLE TRANSFER	1,969
64999	NERVOUS SYSTEM SURGERY	581
65091	REVISE EYE	886
65093	REVISE EYE WITH IMPLANT	932
65101	REMOVE EYE	991
65103	REMOVE EYE/INSERT IMPLANT	1,035
65105	REMOVE EYE/ATTACH IMPLANT	1,133
65110	REMOVE EYE	1,651
65112	REMOVE EYE/REVISE SOCKET	1,962
65114	REMOVE EYE/REVISE SOCKET	2,023
65125	REVISE OCULAR IMPLANT	403
65130	INSERT OCULAR IMPLANT	976
65135	INSERT OCULAR IMPLANT	995
65140	ATTACH OCULAR IMPLANT	1,070
65150	REVISE OCULAR IMPLANT	851
65155	REINSERT OCULAR IMPLANT	1,148
65175	REMOVE OCULAR IMPLANT	883
65205	REMOVE FOREIGN BODY FROM EY	59
65210	REMOVE FOREIGN BODY FROM EY	72
65220	REMOVE FOREIGN BODY FROM EY	59
65222	REMOVE FOREIGN BODY FROM EY	77
65235	REMOVE FOREIGN BODY FROM EY	851
65260	REMOVE FOREIGN BODY FROM EY	1,227
65265	REMOVE FOREIGN BODY FROM EY	1,379
65270	REPAIR EYE WOUND	195
65272	REPAIR EYE WOUND	422
65273	REPAIR EYE WOUND	472
65275	REPAIR EYE WOUND	550
65280	REPAIR EYE WOUND	825
65285	REPAIR EYE WOUND	1,311
65286	REPAIR EYE WOUND	601
65290	REPAIR EYE SOCKET WOUND	605
65400	REMOVE EYE LESION	726
65410	BIOPSY CORNEA	144
65420	REMOVE EYE LESION	513
65426	REMOVE EYE LESION	604
65430	CORNEAL SMEAR	145
65435	CURETTE/TREAT CORNEA	96

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
65436	CURETTE/TREAT CORNEA	467
65450	TREAT CORNEAL LESION	431
65600	REVISE CORNEA	402
65710	CORNEAL TRANSPLANT	1,401
65730	CORNEAL TRANSPLANT	1,560
65750	CORNEAL TRANSPLANT	1,601
65755	CORNEAL TRANSPLANT	1,589
65760	REVISE CORNEA	2,757
65765	REVISE CORNEA	6,608
65767	CORNEAL TISSUE TRANSPLANT	5,669
65770	REVISE CORNEA WITH IMPLANT	1,824
65771	RADIAL KERATOTOMY	2,977
65772	CORRECT ASTIGMATISM	501
65775	CORRECT ASTIGMATISM	700
65780	OCULAR RECONST, TRANSPLANT	1,220
65781	OCULAR RECONST, TRANSPLANT	1,837
65782	OCULAR RECONST, TRANSPLANT	1,587
65800	DRAIN EYE	182
65805	DRAIN EYE	183
65810	DRAIN EYE	569
65815	DRAIN EYE	587
65820	RELIEVE INNER EYE PRESSURE	1,026
65850	INCISE EYE	1,125
65855	LASER SURGERY EYE	412
65860	INCISE INNER EYE ADHESIONS	359
65865	INCISE INNER EYE ADHESIONS	669
65870	INCISE INNER EYE ADHESIONS	756
65875	INCISE INNER EYE ADHESIONS	795
65880	INCISE INNER EYE ADHESIONS	841
65900	REMOVE EYE LESION	1,260
65920	REMOVE IMPLANT EYE	986
65930	REMOVE BLOOD CLOT FROM EYE	849
66020	INJECTION TREAT EYE	180
66030	INJECTION TREAT EYE	151
66130	REMOVE EYE LESION	789
66150	GLAUCOMA SURGERY	1,060
66155	GLAUCOMA SURGERY	1,053
66160	GLAUCOMA SURGERY	1,213
66165	GLAUCOMA SURGERY	1,031
66170	GLAUCOMA SURGERY	1,453
66172	INCISE EYE	1,802
66180	IMPLANT EYE SHUNT	1,500
66185	REVISE EYE SHUNT	923
66220	REPAIR EYE LESION	886
66225	REPAIR/GRAFT EYE LESION	1,174
66250	FOLLOW-UP SURGERY EYE	682

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
66500	INCISE IRIS	499
66505	INCISE IRIS	542
66600	REMOVE IRIS AND LESION	1,006
66605	REMOVE IRIS	1,361
66625	REMOVE IRIS	587
66630	REMOVE IRIS	707
66635	REMOVE IRIS	714
66680	REPAIR IRIS & CILIARY BODY	638
66682	REPAIR IRIS & CILIARY BODY	765
66700	DESTROY CILIARY BODY	517
66710	CILIARY TRANSSCLERAL THERAP	511
66711	CILIARY ENDOSCOPIC ABLATION	778
66720	DESTROY CILIARY BODY	567
66740	DESTROY CILIARY BODY	519
66761	REVISE IRIS	499
66762	REVISE IRIS	528
66770	REMOVE INNER EYE LESION	594
66820	INCISE, SECONDARY CATARACT	581
66821	AFTER CATARACT LASER SURGER	358
66825	REPOSITION INTRAOCULAR LENS	1,032
66830	REMOVE LENS LESION	898
66840	REMOVE LENS MATERIAL	878
66850	REMOVE LENS MATERIAL	995
66852	REMOVE LENS MATERIAL	1,073
66920	EXTRACT LENS	960
66930	EXTRACT LENS	1,086
66940	EXTRACT LENS	982
66982	CATARACT SURGERY, COMPLEX	1,383
66983	CATARACT SURG W/IOL, 1 STAG	879
66984	CATARACT SURG W/IOL, 1 STAG	1,040
66985	INSERT LENS PROSTHESIS	939
66986	EXCHANGE LENS PROSTHESIS	1,272
66990	OPHTHALMIC ENDOSCOPE, ADD-O	129
66999	EYE SURGERY PROCEDURE	854
67005	PARTIAL REMOVE EYE FLUID	627
67010	PARTIAL REMOVE EYE FLUID	729
67015	RELEASE EYE FLUID	796
67025	REPLACE EYE FLUID	777
67027	IMPLANT EYE DRUG SYSTEM	1,117
67028	INJECTION EYE DRUG	235
67030	INCISE INNER EYE STRANDS	639
67031	LASER SURGERY, EYE STRANDS	435
67036	REMOVE INNER EYE FLUID	1,246
67038	STRIP RETINAL MEMBRANE	2,177
67039	LASER TREAT RETINA	1,586
67040	LASER TREAT RETINA	1,835

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
67101	REPAIR DETACHED RETINA	836
67105	REPAIR DETACHED RETINA	806
67107	REPAIR DETACHED RETINA	1,550
67108	REPAIR DETACHED RETINA	2,087
67110	REPAIR DETACHED RETINA	963
67112	REREPAIR DETACHED RETINA	1,698
67115	RELEASE ENCIRCLING MATERIAL	600
67120	REMOVE EYE IMPLANT MATERIAL	685
67121	REMOVE EYE IMPLANT MATERIAL	1,139
67141	TREAT RETINA	599
67145	TREAT RETINA	613
67208	TREAT RETINAL LESION	725
67210	TREAT RETINAL LESION	871
67218	TREAT RETINAL LESION	1,816
67220	TREAT CHOROID LESION	1,311
67221	OCULAR PHOTODYNAMIC THER	342
67225	EYE PHOTODYNAMIC THER, ADD-	40
67227	TREAT RETINAL LESION	719
67228	TREAT RETINAL LESION	1,259
67250	REINFORCE EYE WALL	1,066
67255	REINFORCE/GRAFT EYE WALL	1,122
67299	EYE SURGERY PROCEDURE	733
67311	REVISE EYE MUSCLE	756
67312	REVISE TWO EYE MUSCLES	908
67314	REVISE EYE MUSCLE	837
67316	REVISE TWO EYE MUSCLES	1,019
67318	REVISE EYE MUSCLE(S)	880
67320	REVISE EYE MUSCLE(S), ADD-O	370
67331	EYE SURGERY FOLLOW-UP, ADD-	347
67332	REREVISE EYE MUSCLES, ADD-O	384
67334	REVISE EYE MUSCLE W/SUTURE	340
67335	EYE SUTURE DURING SURGERY	213
67340	REVISE EYE MUSCLE, ADD-ON	420
67343	RELEASE EYE TISSUE	825
67345	DESTROY NERVE EYE MUSCLE	296
67350	BIOPSY EYE MUSCLE	281
67399	EYE MUSCLE SURGERY PROCEDUR	3,146
67400	EXPLORE/BIOPSY EYE SOCKET	1,259
67405	EXPLORE/DRAIN EYE SOCKET	1,061
67412	EXPLORE/TREAT EYE SOCKET	1,221
67413	EXPLORE/TREAT EYE SOCKET	1,239
67414	EXPLORE/DECOMPRESS EYE SOCK	1,387
67415	ASPIRATION, ORBITAL CONTENT	148
67420	EXPLORE/TREAT EYE SOCKET	2,234
67430	EXPLORE/TREAT EYE SOCKET	1,698
67440	EXPLORE/DRAIN EYE SOCKET	1,634

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
67445	EXPLORE/DECOMPRESS EYE SOCK	1,696
67450	EXPLORE/BIOPSY EYE SOCKET	1,683
67500	INJECT/TREAT EYE SOCKET	64
67505	INJECT/TREAT EYE SOCKET	67
67515	INJECT/TREAT EYE SOCKET	59
67550	INSERT EYE SOCKET IMPLANT	1,293
67560	REVISE EYE SOCKET IMPLANT	1,314
67570	DECOMPRESS OPTIC NERVE	1,619
67599	ORBIT SURGERY PROCEDURE	1,093
67700	DRAIN EYELID ABSCESS	156
67710	INCISE EYELID	133
67715	INCISE EYELID FOLD	150
67800	REMOVE EYELID LESION	144
67801	REMOVE EYELID LESIONS	186
67805	REMOVE EYELID LESIONS	229
67808	REMOVE EYELID LESION(S)	451
67810	BIOPSY EYELID	126
67820	REVISE EYELASHES	86
67825	REVISE EYELASHES	166
67830	REVISE EYELASHES	190
67835	REVISE EYELASHES	605
67840	REMOVE EYELID LESION	219
67850	TREAT EYELID LESION	187
67875	CLOSE EYELID BY SUTURE	136
67880	REVISE EYELID	453
67882	REVISE EYELID	588
67900	REPAIR BROW DEFECT	681
67901	REPAIR EYELID DEFECT	768
67902	REPAIR EYELID DEFECT	883
67903	REPAIR EYELID DEFECT	714
67904	REPAIR EYELID DEFECT	688
67906	REPAIR EYELID DEFECT	707
67908	REPAIR EYELID DEFECT	626
67909	REVISE EYELID DEFECT	618
67911	REVISE EYELID DEFECT	600
67912	CORRECT EYELID W/IMPLANT	668
67914	REPAIR EYELID DEFECT	400
67915	REPAIR EYELID DEFECT	356
67916	REPAIR EYELID DEFECT	599
67917	REPAIR EYELID DEFECT	662
67921	REPAIR EYELID DEFECT	374
67922	REPAIR EYELID DEFECT	346
67923	REPAIR EYELID DEFECT	645
67924	REPAIR EYELID DEFECT	622
67930	REPAIR EYELID WOUND	342
67935	REPAIR EYELID WOUND	634

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
67938	REMOVE EYELID FOREIGN BODY	154
67950	REVISE EYELID	660
67961	REVISE EYELID	640
67966	REVISE EYELID	723
67971	RECONSTRUCT EYELID	1,015
67973	RECONSTRUCT EYELID	1,321
67974	RECONSTRUCT EYELID	1,314
67975	RECONSTRUCT EYELID	957
67999	REVISE EYELID	2,355
68020	INCISE/DRAIN EYELID LINING	153
68040	TREAT EYELID LESIONS	75
68100	BIOPSY EYELID LINING	136
68110	REMOVE EYELID LINING LESION	204
68115	REMOVE EYELID LINING LESION	254
68130	REMOVE EYELID LINING LESION	567
68135	REMOVE EYELID LINING LESION	207
68200	TREAT EYELID BY INJECTION	48
68320	REVISE/GRAFT EYELID LINING	649
68325	REVISE/GRAFT EYELID LINING	831
68326	REVISE/GRAFT EYELID LINING	806
68328	REVISE/GRAFT EYELID LINING	927
68330	REVISE EYELID LINING	568
68335	REVISE/GRAFT EYELID LINING	807
68340	SEPARATE EYELID ADHESIONS	492
68360	REVISE EYELID LINING	509
68362	REVISE EYELID LINING	817
68371	HARVEST EYE TISSUE, ALLOGRA	583
68399	EYELID LINING SURGERY	1,093
68400	INCISE/DRAIN TEAR GLAND	210
68420	INCISE/DRAIN TEAR SAC	262
68440	INCISE TEAR DUCT OPENING	132
68500	REMOVE TEAR GLAND	1,234
68505	PARTIAL REMOVE TEAR GLAND	1,286
68510	BIOPSY TEAR GLAND	395
68520	REMOVE TEAR SAC	889
68525	BIOPSY TEAR SAC	380
68530	CLEAR TEAR DUCT	373
68540	REMOVE TEAR GLAND LESION	1,188
68550	REMOVE TEAR GLAND LESION	1,470
68700	REPAIR TEAR DUCTS	748
68705	REVISE TEAR DUCT OPENING	229
68720	CREATE TEAR SAC DRAIN	1,000
68745	CREATE TEAR DUCT DRAIN	986
68750	CREATE TEAR DUCT DRAIN	1,008
68760	CLOSE TEAR DUCT OPENING	200
68761	CLOSE TEAR DUCT OPENING	159

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
68770	CLOSE TEAR SYSTEM FISTULA	601
68801	DILATE TEAR DUCT OPENING	145
68810	PROBE NASOLACRIMAL DUCT	274
68811	PROBE NASOLACRIMAL DUCT	285
68815	PROBE NASOLACRIMAL DUCT	358
68840	EXPLORE/IRRIGATE TEAR DUCTS	141
68850	INJECTION FOR TEAR SAC X-RA	88
68899	TEAR DUCT SYSTEM SURGERY	460
69000	DRAIN EXTERNAL EAR LESION	170
69005	DRAIN EXTERNAL EAR LESION	238
69020	DRAIN OUTER EAR CANAL LESIO	215
69090	PIERCE EARLOBES	73
69100	BIOPSY EXTERNAL EAR	70
69105	BIOPSY EXTERNAL EAR CANAL	98
69110	REMOVE EXTERNAL EAR, PARTIA	479
69120	REMOVE EXTERNAL EAR	623
69140	REMOVE EAR CANAL LESION(S)	1,290
69145	REMOVE EAR CANAL LESION(S)	358
69150	EXTENSIVE EAR CANAL SURGERY	1,627
69155	EXTENSIVE EAR/NECK SURGERY	2,446
69200	CLEAR OUTER EAR CANAL	79
69205	CLEAR OUTER EAR CANAL	155
69210	REMOVE IMPACTED EAR WAX	50
69220	CLEAN OUT MASTOID CAVITY	94
69222	CLEAN OUT MASTOID CAVITY	210
69300	REVISE EXTERNAL EAR	647
69310	REBUILD OUTER EAR CANAL	1,639
69320	REBUILD OUTER EAR CANAL	2,348
69399	OUTER EAR SURGERY PROCEDURE	904
69400	INFLATE MIDDLE EAR CANAL	90
69401	INFLATE MIDDLE EAR CANAL	77
69405	CATHETERIZE MIDDLE EAR CANA	298
69420	INCISE EARDRUM	177
69421	INCISE EARDRUM	236
69424	REMOVE VENTILATING TUBE	92
69433	CREATE EARDRUM OPENING	191
69436	CREATE EARDRUM OPENING	259
69440	EXPLORE MIDDLE EAR	988
69450	EARDRUM REVISION	762
69501	MASTOIDECTOMY	1,091
69502	MASTOIDECTOMY	1,446
69505	REMOVE MASTOID STRUCTURES	1,827
69511	EXTENSIVE MASTOID SURGERY	1,875
69530	EXTENSIVE MASTOID SURGERY	2,467
69535	REMOVE PART TEMPORAL BONE	4,107
69540	REMOVE EAR LESION	193

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
69550	REMOVE EAR LESION	1,565
69552	REMOVE EAR LESION	2,425
69554	REMOVE EAR LESION	3,842
69601	MASTOID SURGERY REVISION	1,564
69602	MASTOID SURGERY REVISION	1,619
69603	MASTOID SURGERY REVISION	1,960
69604	MASTOID SURGERY REVISION	1,673
69605	MASTOID SURGERY REVISION	2,384
69610	REPAIR EARDRUM	464
69620	REPAIR EARDRUM	736
69631	REPAIR EARDRUM STRUCTURES	1,273
69632	REBUILD EARDRUM STRUCTURES	1,584
69633	REBUILD EARDRUM STRUCTURES	1,520
69635	REPAIR EARDRUM STRUCTURES	1,820
69636	REBUILD EARDRUM STRUCTURES	2,089
69637	REBUILD EARDRUM STRUCTURES	2,078
69641	REVISE MIDDLE EAR & MASTOID	1,539
69642	REVISE MIDDLE EAR & MASTOID	1,999
69643	REVISE MIDDLE EAR & MASTOID	1,819
69644	REVISE MIDDLE EAR & MASTOID	2,260
69645	REVISE MIDDLE EAR & MASTOID	2,202
69646	REVISE MIDDLE EAR & MASTOID	2,343
69650	RELEASE MIDDLE EAR BONE	1,182
69660	REVISE MIDDLE EAR BONE	1,392
69661	REVISE MIDDLE EAR BONE	1,837
69662	REVISE MIDDLE EAR BONE	1,761
69666	REPAIR MIDDLE EAR STRUCTURE	1,191
69667	REPAIR MIDDLE EAR STRUCTURE	1,192
69670	REMOVE MASTOID AIR CELLS	1,402
69676	REMOVE MIDDLE EAR NERVE	1,227
69700	CLOSE MASTOID FISTULA	1,056
69710	IMPLANT/REPLACE HEARING AID	2,048
69711	REMOVE/REPAIR HEARING AID	1,281
69714	IMPLANT TEMPLE BONE W/STIM	1,608
69715	TEMPLE BONE IMPLANT W/STIM	2,006
69717	TEMPLE BONE IMPLANT REVISIO	1,762
69718	REVISE TEMPLE BONE IMPLANT	2,123
69720	RELEASE FACIAL NERVE	1,745
69725	RELEASE FACIAL NERVE	2,761
69740	REPAIR FACIAL NERVE	1,770
69745	REPAIR FACIAL NERVE	1,898
69799	MIDDLE EAR SURGERY PROCEDUR	2,100
69801	INCISE INNER EAR	1,089
69802	INCISE INNER EAR	1,534
69805	EXPLORE INNER EAR	1,549
69806	EXPLORE INNER EAR	1,411

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
69820	ESTABLISH INNER EAR WINDOW	1,306
69840	REVISE INNER EAR WINDOW	1,416
69905	REMOVE INNER EAR	1,355
69910	REMOVE INNER EAR & MASTOID	1,539
69915	INCISE INNER EAR NERVE	2,269
69930	IMPLANT COCHLEAR DEVICE	1,903
69949	INNER EAR SURGERY PROCEDURE	2,100
69950	INCISE INNER EAR NERVE	2,692
69955	RELEASE FACIAL NERVE	2,932
69960	RELEASE INNER EAR CANAL	2,835
69970	REMOVE INNER EAR LESION	3,210
69979	TEMPORAL BONE SURGERY	904
69990	MICROSURGERY, ADD-ON	347
70010	CONTRAST X-RAY BRAIN	369
70015	CONTRAST X-RAY BRAIN	181
70030	X-RAY EYE FOR FOREIGN BODY	40
70100	X-RAY JAW	47
70110	X-RAY JAW	59
70120	X-RAY MASTOIDS	54
70130	X-RAY MASTOIDS	77
70134	X-RAY MIDDLE EAR	74
70140	X-RAY FACIAL BONES	55
70150	X-RAY FACIAL BONES	70
70160	X-RAY NASAL BONES	46
70170	X-RAY TEAR DUCT	85
70190	X-RAY EYE SOCKETS	56
70200	X-RAY EYE SOCKETS	72
70210	X-RAY SINUSES	54
70220	X-RAY SINUSES	70
70240	X-RAY EXAM, PITUITARY SADDL	41
70250	X-RAY SKULL	59
70260	X-RAY SKULL	84
70300	X-RAY TEETH	26
70310	X-RAY TEETH	41
70320	X-RAY EXAM TEETH, FULL MOUT	68
70328	X-RAY JAW JOINT	45
70330	X-RAY JAW JOINTS	73
70332	X-RAY JAW JOINT	179
70336	MAGNETIC IMAGE, JAW JOINT	834
70350	X-RAY HEAD FOR ORTHODONTIA	39
70355	PANORAMIC X-RAY JAWS	53
70360	X-RAY NECK	40
70370	THROAT X-RAY & FLUOROSCOPY	108
70371	SPEECH EVALUATION, COMPLEX	201
70373	CONTRAST X-RAY LARYNX	149
70380	X-RAY SALIVARY GLAND	57

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
70390	X-RAY SALIVARY DUCT	145
70450	CT HEAD/BRAIN W/O DYE	369
70460	CT HEAD/BRAIN W/DYE	451
70470	CT HEAD/BRAIN W/O & W/DYE	553
70480	CT ORBIT/EAR/FOSSA W/O DYE	402
70481	CT ORBIT/EAR/FOSSA W/DYE	470
70482	CT ORBIT/EAR/FOSSA W/O&W/DY	566
70486	CT MAXILLOFACIAL W/O DYE	391
70487	CT MAXILLOFACIAL W/DYE	465
70488	CT MAXILLOFACIAL W/O & W/DY	563
70490	CT SOFT TISSUE NECK W/O DYE	402
70491	CT SOFT TISSUE NECK W/DYE	470
70492	CT SOFT TISSUE NECK W/O & W	566
70496	CT ANGIOGRAPHY, HEAD	817
70498	CT ANGIOGRAPHY, NECK	817
70540	MRI ORBIT/FACE/NECK W/O DYE	813
70542	MRI ORBIT/FACE/NECK W/DYE	976
70543	MRI ORBIT/FACE/NECK W/O & W	1,740
70544	MR ANGIOGRAPHY HEAD W/O DYE	812
70545	MR ANGIOGRAPHY HEAD W/DYE	811
70546	MR ANGIOGRAPH HEAD W/O&W/DY	1,548
70547	MR ANGIOGRAPHY NECK W/O DYE	811
70548	MR ANGIOGRAPHY NECK W/DYE	811
70549	MR ANGIOGRAPH NECK W/O&W/DY	1,548
70551	MRI BRAIN W/O DYE	834
70552	MRI BRAIN W/DYE	1,001
70553	MRI BRAIN W/O & W/DYE	1,780
70557	MRI BRAIN W/O DYE	234
70558	MRI BRAIN W/DYE	258
70559	MRI BRAIN W/O & W/DYE	259
71010	CHEST X-RAY	44
71015	CHEST X-RAY	49
71020	CHEST X-RAY	57
71021	CHEST X-RAY	68
71022	CHEST X-RAY	71
71023	CHEST X-RAY AND FLUOROSCOPY	80
71030	CHEST X-RAY	74
71034	CHEST X-RAY AND FLUOROSCOPY	129
71035	CHEST X-RAY	47
71040	CONTRAST X-RAY BRONCHI	139
71060	CONTRAST X-RAY BRONCHI	199
71090	X-RAY & PACEMAKER INSERT	152
71100	X-RAY RIBS	54
71101	X-RAY RIBS/CHEST	64
71110	X-RAY RIBS	71
71111	X-RAY RIBS/CHEST	82

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
71120	X-RAY BREASTBONE	58
71130	X-RAY BREASTBONE	63
71250	CT THORAX W/O DYE	469
71260	CT THORAX W/DYE	550
71270	CT THORAX W/O & W/DYE	675
71275	CT ANGIOGRAPHY, CHEST	931
71550	MRI CHEST W/O DYE	825
71551	MRI CHEST W/DYE	988
71552	MRI CHEST W/O & W/DYE	1,740
71555	MRI ANGIO CHEST W OR W/O DY	859
72010	X-RAY SPINE	101
72020	X-RAY SPINE	39
72040	X-RAY NECK SPINE	56
72050	X-RAY NECK SPINE	81
72052	X-RAY NECK SPINE	101
72069	X-RAY TRUNK SPINE	49
72070	X-RAY THORACIC SPINE	59
72072	X-RAY THORACIC SPINE	64
72074	X-RAY THORACIC SPINE	76
72080	X-RAY TRUNK SPINE	60
72090	X-RAY TRUNK SPINE	65
72100	X-RAY LOWER SPINE	60
72110	X-RAY LOWER SPINE	83
72114	X-RAY LOWER SPINE	104
72120	X-RAY LOWER SPINE	75
72125	CT NECK SPINE W/O DYE	469
72126	CT NECK SPINE W/DYE	548
72127	CT NECK SPINE W/O & W/DYE	667
72128	CT CHEST SPINE W/O DYE	469
72129	CT CHEST SPINE W/DYE	548
72130	CT CHEST SPINE W/O & W/DYE	667
72131	CT LUMBAR SPINE W/O DYE	469
72132	CT LUMBAR SPINE W/DYE	548
72133	CT LUMBAR SPINE W/O & W/DYE	667
72141	MRI NECK SPINE W/O DYE	843
72142	MRI NECK SPINE W/DYE	1,012
72146	MRI CHEST SPINE W/O DYE	922
72147	MRI CHEST SPINE W/DYE	1,011
72148	MRI LUMBAR SPINE W/O DYE	913
72149	MRI LUMBAR SPINE W/DYE	1,001
72156	MRI NECK SPINE W/O & W/DYE	1,796
72157	MRI CHEST SPINE W/O & W/DYE	1,796
72158	MRI LUMBAR SPINE W/O & W/DY	1,780
72159	MR ANGIO SPINE W/O&W/DYE	2,318
72170	X-RAY PELVIS	46
72190	X-RAY PELVIS	60

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
72191	CT ANGIOGRAPH PELVIC W/O&W/	900
72192	CT PELVIS W/O DYE	464
72193	CT PELVIS W/DYE	529
72194	CT PELVIS W/O & W/DYE	638
72195	MRI PELVIS W/O DYE	825
72196	MRI PELVIS W/DYE	988
72197	MRI PELVIS W/O & W/DYE	1,752
72198	MR ANGIO PELVIS W/O & W/DYE	858
72200	X-RAY EXAM SACROILIAC JOINT	46
72202	X-RAY EXAM SACROILIAC JOINT	55
72220	X-RAY TAILBONE	51
72240	CONTRAST X-RAY NECK SPINE	375
72255	CONTRAST X-RAY, THORAX SPIN	346
72265	CONTRAST X-RAY, LOWER SPINE	325
72270	CONTRAST X-RAY, SPINE	494
72275	EPIDUROGRAPHY	197
72285	X-RAY C/T SPINE DISK	627
72295	X-RAY LOWER SPINE DISK	569
73000	X-RAY COLLAR BONE	45
73010	X-RAY SHOULDER BLADE	46
73020	X-RAY SHOULDER	42
73030	X-RAY SHOULDER	51
73040	CONTRAST X-RAY SHOULDER	177
73050	X-RAY SHOULDERS	59
73060	X-RAY HUMERUS	51
73070	X-RAY ELBOW	45
73080	X-RAY ELBOW	51
73085	CONTRAST X-RAY ELBOW	178
73090	X-RAY FOREARM	45
73092	X-RAY ARM, INFANT	43
73100	X-RAY WRIST	43
73110	X-RAY WRIST	47
73115	CONTRAST X-RAY WRIST	144
73120	X-RAY HAND	43
73130	X-RAY HAND	47
73140	X-RAY FINGER(S)	37
73200	CT UPPER EXTREMITY W/O DYE	402
73201	CT UPPER EXTREMITY W/DYE	469
73202	CT UPPER EXTREMITY W/O&W/DY	571
73206	CT ANGIO UPPER EXTRM W/O&W/	834
73218	MRI UPPER EXTREMITY W/O DYE	813
73219	MRI UPPER EXTREMITY W/DYE	977
73220	MRI UPPER EXTREMITY W/O&W/D	1,740
73221	MRI JOINT UPPER EXTREM W/O	813
73222	MRI JOINT UPPER EXTREM W/DY	976
73223	MRI JOINT UPPER EXTR W/O&W/	1,740

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
73225	MR ANGIO UPR EXTR W/O&W/DYE	2,209
73500	X-RAY HIP	43
73510	X-RAY HIP	53
73520	X-RAY HIPS	64
73525	CONTRAST X-RAY HIP	178
73530	X-RAY HIP	56
73540	X-RAY PELVIS & HIPS	53
73542	X-RAY EXAM, SACROILIAC JOIN	179
73550	X-RAY THIGH	51
73560	X-RAY KNEE, 1 OR 2	46
73562	X-RAY KNEE, 3	51
73564	X-RAY EXAM, KNEE, 4 OR MORE	57
73565	X-RAY KNEES	45
73580	CONTRAST X-RAY KNEE JOINT	210
73590	X-RAY LOWER LEG	46
73592	X-RAY LEG, INFANT	43
73600	X-RAY ANKLE	43
73610	X-RAY ANKLE	47
73615	CONTRAST X-RAY ANKLE	178
73620	X-RAY FOOT	43
73630	X-RAY FOOT	47
73650	X-RAY HEEL	42
73660	X-RAY TOE(S)	37
73700	CT LOWER EXTREMITY W/O DYE	402
73701	CT LOWER EXTREMITY W/DYE	469
73702	CT LOWER EXTREMITY W/O&W/DY	571
73706	CT ANGIO LOWER EXTR W/O&W/D	841
73718	MRI LOWER EXTREMITY W/O DYE	813
73719	MRI LOWER EXTREMITY W/DYE	976
73720	MRI LOWER EXTREMITY W/O&W/D	1,740
73721	MRI JOINT LOWER EXTRE W/O D	813
73722	MRI JOINT LOWER EXTR W/DYE	976
73723	MRI JOINT LOWER EXTR W/O&W/	1,740
73725	MR ANG LOWER EXT W OR W/O D	860
74000	X-RAY ABDOMEN	47
74010	X-RAY ABDOMEN	55
74020	X-RAY ABDOMEN	61
74022	X-RAY EXAM SERIES, ABDOMEN	72
74150	CT ABDOMEN W/O DYE	456
74160	CT ABDOMEN W/DYE	538
74170	CT ABDOMEN W/O & W/DYE	652
74175	CT ANGIO ABDOM W/O & W/DYE	906
74181	MRI ABDOMEN W/O DYE	825
74182	MRI ABDOMEN W/DYE	988
74183	MRI ABDOMEN W/O & W/DYE	1,752
74185	MRI ANGIO, ABDOM W ORW/O DY	858

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
74190	X-RAY PERITONEUM	121
74210	CONTRAST X-RAY THROAT	104
74220	CONTRAST X-RAY, ESOPHAGUS	112
74230	CINE/VIDEO X-RAY, THROAT/ES	125
74235	REMOVE ESOPHAGUS OBSTRUCTIO	92
74240	X-RAY EXAM, UPPER GI TRACT	147
74241	X-RAY EXAM, UPPER GI TRACT	149
74245	X-RAY EXAM, UPPER GI TRACT	224
74246	CONTRAST X-RAY UPPER GI TRA	159
74247	CONTRAST X-RAY UPPER GI TRA	162
74249	CONTRAST X-RAY UPPER GI TRA	236
74250	X-RAY SMALL BOWEL	120
74251	X-RAY SMALL BOWEL	138
74260	X-RAY SMALL BOWEL	134
74270	CONTRAST X-RAY COLON	164
74280	CONTRAST X-RAY COLON	220
74283	CONTRAST X-RAY COLON	321
74290	CONTRAST X-RAY, GALLBLADDER	72
74291	CONTRAST X-RAYS, GALLBLADDE	43
74300	X-RAY BILE DUCTS/PANCREAS	28
74301	X-RAYS AT SURGERY, ADD-ON	16
74305	X-RAY BILE DUCTS/PANCREAS	83
74320	CONTRAST X-RAY BILE DUCTS	244
74327	X-RAY BILE STONE REMOVE	168
74328	X-RAY BILE DUCT ENDOSCOPY	257
74329	X-RAY FOR PANCREAS ENDOSCOP	54
74330	X-RAY BILE/PANC ENDOSCOPY	272
74340	X-RAY GUIDE FOR GI TUBE	210
74350	X-RAY GUIDE, STOMACH TUBE	261
74355	X-RAY GUIDE, INTESTINAL TUB	227
74360	X-RAY GUIDE, GI DILATION	245
74363	X-RAY, BILE DUCT DILATION	68
74400	CONTRAST X-RAY, URINARY TRA	146
74410	CONTRAST X-RAY, URINARY TRA	164
74415	CONTRAST X-RAY, URINARY TRA	175
74420	CONTRAST X-RAY, URINARY TRA	197
74425	CONTRAST X-RAY, URINARY TRA	112
74430	CONTRAST X-RAY, BLADDER	92
74440	X-RAY, MALE GENITAL TRACT	102
74445	X-RAY PENIS	162
74450	X-RAY, URETHRA/BLADDER	120
74455	X-RAY, URETHRA/BLADDER	128
74470	X-RAY KIDNEY LESION	122
74475	X-RAY CONTROL, CATH INSERT	303
74480	X-RAY CONTROL, CATH INSERT	303
74485	X-RAY GUIDE, GU DILATION	244

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
74710	X-RAY MEASUREMENT PELVIS	94
74740	X-RAY, FEMALE GENITAL TRACT	114
74742	X-RAY, FALLOPIAN TUBE	47
74775	X-RAY PERINEUM	142
75552	HEART MRI FOR MORPH W/O DYE	843
75553	HEART MRI FOR MORPH W/DYE	873
75554	CARDIAC MRI/FUNCTION	863
75555	CARDIAC MRI/LIMITED STUDY	858
75556	CARDIAC MRI/FLOW MAPPING	897
75600	CONTRAST X-RAY AORTA	848
75605	CONTRAST X-RAY AORTA	898
75625	CONTRAST X-RAY AORTA	897
75630	X-RAY AORTA, LEG ARTERIES	985
75635	CT ANGIO ABDOMINAL ARTERIES	1,185
75650	ARTERY X-RAYS, HEAD & NECK	924
75658	ARTERY X-RAYS, ARM	913
75660	ARTERY X-RAYS, HEAD & NECK	911
75662	ARTERY X-RAYS, HEAD & NECK	939
75665	ARTERY X-RAYS, HEAD & NECK	912
75671	ARTERY X-RAYS, HEAD & NECK	937
75676	ARTERY X-RAYS, NECK	911
75680	ARTERY X-RAYS, NECK	937
75685	ARTERY X-RAYS, SPINE	910
75705	ARTERY X-RAYS, SPINE	980
75710	ARTERY X-RAYS, ARM/LEG	899
75716	ARTERY X-RAYS, ARMS/LEGS	910
75722	ARTERY X-RAYS, KIDNEY	898
75724	ARTERY X-RAYS, KIDNEYS	927
75726	ARTERY X-RAYS, ABDOMEN	896
75731	ARTERY X-RAYS, ADRENAL GLAN	897
75733	ARTERY X-RAYS, ADRENALS	911
75736	ARTERY X-RAYS, PELVIS	897
75741	ARTERY X-RAYS, LUNG	910
75743	ARTERY X-RAYS, LUNGS	936
75746	ARTERY X-RAYS, LUNG	897
75756	ARTERY X-RAYS, CHEST	901
75774	ARTERY X-RAY, EACH VESSEL	836
75790	VISUALIZE A-V SHUNT	230
75801	LYMPH VESSEL X-RAY, ARM/LEG	413
75803	LYMPH VESSEL X-RAY, ARMS/LE	438
75805	LYMPH VESSEL X-RAY, TRUNK	456
75807	LYMPH VESSEL X-RAY, TRUNK	90
75809	NONVASCULAR SHUNT, X-RAY	87
75810	VEIN X-RAY, SPLEEN/LIVER	896
75820	VEIN X-RAY, ARM/LEG	116
75822	VEIN X-RAY, ARMS/LEGS	177

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
75825	VEIN X-RAY, TRUNK	897
75827	VEIN X-RAY, CHEST	896
75831	VEIN X-RAY, KIDNEY	897
75833	VEIN X-RAY, KIDNEYS	925
75840	VEIN X-RAY, ADRENAL GLAND	898
75842	VEIN X-RAY, ADRENAL GLANDS	923
75860	VEIN X-RAY, NECK	897
75870	VEIN X-RAY, SKULL	898
75872	VEIN X-RAY, SKULL	901
75880	VEIN X-RAY, EYE SOCKET	116
75885	VEIN X-RAY, LIVER	920
75887	VEIN X-RAY, LIVER	920
75889	VEIN X-RAY, LIVER	896
75891	VEIN X-RAY, LIVER	896
75893	VENOUS SAMPLING BY CATHETER	850
75894	X-RAYS, TRANSCATH THERAPY	1,651
75896	X-RAYS, TRANSCATH THERAPY	1,449
75898	FOLLOW-UP ANGIOGRAPHY	196
75900	INTRAVASCULAR CATH EXCHANGE	38
75901	REMOVE CVA DEVICE OBSTRUCT	160
75902	REMOVE CVA LUMEN OBSTRUCT	153
75940	X-RAY PLACE VEIN FILTER	851
75945	INTRAVASCULAR US	325
75946	INTRAVASCULAR US, ADD-ON	33
75952	ENDOVASC REPAIR ABDOM AORTA	361
75953	ABDOM ANEURYSM ENDOVAS RPR	109
75954	ILIAC ANEURYSM ENDOVAS RPR	180
75956	XRAY, ENDOVASC THOR AO REPR	588
75957	XRAY, ENDOVASC THOR AO REPR	504
75958	XRAY, PLACE PROX EXT THOR A	336
75959	XRAY, PLACE DIST EXT THOR A	294
75960	TRANSCATH IV STENT RS&I	1,020
75961	RETRIEVAL, BROKEN CATHETER	1,002
75962	REPAIR ARTERIAL BLOCKAGE	1,053
75964	REPAIR ARTERY BLOCKAGE, EAC	566
75966	REPAIR ARTERIAL BLOCKAGE	1,114
75968	REPAIR ARTERY BLOCKAGE, EAC	566
75970	VASCULAR BIOPSY	805
75978	REPAIR VENOUS BLOCKAGE	1,052
75980	CONTRAST X-RAY EXAM BILE DU	459
75982	CONTRAST XRAY EXAM BILE DUC	111
75984	X-RAY CONTROL CATHETER CHAN	181
75989	ABSCESS DRAIN UNDER X-RAY	295
75992	ATHERECTOMY, X-RAY EXAM	1,053
75993	ATHERECTOMY, X-RAY EXAM	29
75994	ATHERECTOMY, X-RAY EXAM	104

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
75995	ATHERECTOMY, X-RAY EXAM	104
75996	ATHERECTOMY, X-RAY EXAM	28
75998	FLUOROGUIDE FOR VEIN DEVICE	115
76000	FLUOROSCOPE EXAMINATION	97
76001	FLUOROSCOPE EXAM, EXTENSIVE	221
76003	NEEDLE LOCALIZATION BY X-RA	125
76005	FLUOROGUIDE FOR SPINE INJEC	128
76006	X-RAY STRESS VIEW	37
76010	X-RAY, NOSE TO RECTUM	47
76012	PERCUT VERTEBROPLASTY FLUOR	106
76013	PERCUT VERTEBROPLASTY, CT	109
76020	X-RAYS FOR BONE AGE	48
76040	X-RAYS, BONE EVALUATION	71
76061	X-RAYS, BONE SURVEY	99
76062	X-RAYS, BONE SURVEY	134
76065	X-RAYS, BONE EVALUATION	102
76066	JOINT SURVEY, SINGLE VIEW	95
76070	CT BONE DENSITY, AXIAL	209
76071	CT BONE DENSITY, PERIPHERAL	201
76075	DXA BONE DENSITY, AXIAL	222
76076	DXA BONE DENSITY/PERIPHERAL	66
76077	DXA BONE DENSITY/V-FRACTURE	62
76078	RADIOGRAPHIC ABSORPTIOMETRY	64
76080	X-RAY FISTULA	109
76082	COMPUTER MAMMOGRAM, ADD-ON	31
76083	COMPUTER MAMMOGRAM, ADD-ON	31
76086	X-RAY MAMMARY DUCT	197
76088	X-RAY MAMMARY DUCTS	270
76090	MAMMOGRAM, ONE BREAST	122
76091	MAMMOGRAM, BOTH BREASTS	151
76092	MAMMOGRAM, SCREENING	133
76093	MAGNETIC IMAGE, BREAST	1,256
76094	MAGNETIC IMAGE, BOTH BREAST	1,660
76095	STEREOTACTIC BREAST BIOPSY	583
76096	X-RAY NEEDLE WIRE, BREAST	127
76098	X-RAY EXAM, BREAST SPECIMEN	39
76100	X-RAY BODY SECTION	125
76101	COMPLEX BODY SECTION X-RAY	136
76102	COMPLEX BODY SECTION X-RAYS	158
76120	CINE/VIDEO X-RAYS	97
76125	CINE/VIDEO X-RAYS, ADD-ON	71
76140	X-RAY CONSULTATION	73
76150	X-RAY EXAM, DRY PROCESS	27
76350	SPECIAL X-RAY CONTRAST STUD	23
76355	CT SCAN FOR LOCALIZATION	623
76360	CT SCAN FOR NEEDLE BIOPSY	619

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
76362	CT GUIDE FOR TISSUE ABLATIO	891
76370	CT SCAN FOR THERAPY GUIDE	256
76376	3D RENDER W/O POST PROCESS	231
76377	3D RENDERING W/POST PROCESS	290
76380	CAT SCAN FOLLOW-UP STUDY	300
76390	MR SPECTROSCOPY	1,838
76393	MR GUIDANCE FOR NEEDLE PLAC	835
76394	MRI FOR TISSUE ABLATION	1,099
76400	MAGNETIC IMAGE, BONE MARROW	842
76499	RADIOGRAPHIC PROCEDURE	139
76506	ECHO EXAM HEAD	144
76510	OPHTH US, B & QUANT A	267
76511	OPHTH US, QUANT A ONLY	207
76512	OPHTH US, B W/NON-QUANT A	195
76513	ECHO EXAM EYE, WATER BATH	154
76514	ECHO EXAM EYE, THICKNESS	18
76516	ECHO EXAM EYE	123
76519	ECHO EXAM EYE	129
76529	ECHO EXAM EYE	121
76536	US EXAM HEAD AND NECK	134
76604	US EXAM, CHEST, B-SCAN	126
76645	US EXAM, BREAST(S)	109
76700	US EXAM, ABDOM, COMPLETE	190
76705	ECHO EXAM ABDOMEN	137
76770	US EXAM ABDOM BACK WALL, CO	184
76775	US EXAM ABDOM BACK WALL, LI	136
76778	US EXAM KIDNEY TRANSPLANT	184
76800	US EXAM, SPINAL CANAL	177
76801	OB US < 14 WKS, SINGLE FETU	213
76802	OB US < 14 WKS, ADDED FETUS	136
76805	OB US > / = 14 WKS, SINGLE FE	213
76810	OB US > / = 14 WKS, ADDED FET	153
76811	OB US, DETAILED, SINGLE FET	392
76812	OB US, DETAILED, ADDED FETU	228
76815	OB US, LIMITED, FETUS(S)	143
76816	OB US, FOLLOW-UP, PER FETUS	140
76817	TRANSVAGINAL US, OBSTETRIC	155
76818	FETAL BIOPHYS PROFILE W/NST	188
76819	FETAL BIOPHYS PROFILE W/O N	165
76820	UMBILICAL ARTERY ECHO	146
76821	MIDDLE CEREBRAL ARTERY ECHO	162
76825	ECHO EXAM FETAL HEART	260
76826	ECHO EXAM FETAL HEART	111
76827	ECHO EXAM FETAL HEART	158
76828	ECHO EXAM FETAL HEART	118
76830	TRANSVAGINAL US, NON-OB	152

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
76831	ECHO EXAM, UTERUS	155
76856	US EXAM, PELVIC, COMPLETE	152
76857	US EXAM, PELVIC, LIMITED	137
76870	US EXAM, SCROTUM	148
76872	US, TRANSRECTAL	183
76873	ECHOGRAP TRANS R, PROS STUD	258
76880	US EXAM, EXTREMITY	137
76885	US EXAM INFANT HIPS, DYNAMI	155
76886	US EXAM INFANT HIPS, STATIC	139
76930	ECHO GUIDE, CARDIOCENTESIS	152
76932	ECHO GUIDE FOR HEART BIOPSY	152
76936	ECHO GUIDE FOR ARTERY REPAI	561
76937	US GUIDE, VASCULAR ACCESS	53
76940	US GUIDE, TISSUE ABLATION	274
76941	ECHO GUIDE FOR TRANSFUSION	204
76942	ECHO GUIDE FOR BIOPSY	230
76945	ECHO GUIDE, VILLUS SAMPLING	150
76946	ECHO GUIDE FOR AMNIOCENTESI	129
76948	ECHO GUIDE, OVA ASPIRATION	128
76950	ECHO GUIDANCE RADIOTHERAPY	129
76965	ECHO GUIDANCE RADIOTHERAPY	462
76970	ULTRASOUND EXAM FOLLOW-UP	99
76975	GI ENDOSCOPIC ULTRASOUND	162
76977	US BONE DENSITY MEASURE	57
76986	ULTRASOUND GUIDE INTRAOP	266
76999	ECHO EXAMINATION PROCEDURE	314
77261	RADIATION THERAPY PLANNING	112
77262	RADIATION THERAPY PLANNING	168
77263	RADIATION THERAPY PLANNING	250
77280	SET RADIATION THERAPY FIELD	277
77285	SET RADIATION THERAPY FIELD	439
77290	SET RADIATION THERAPY FIELD	539
77295	SET RADIATION THERAPY FIELD	2,146
77300	RADIATION THERAPY DOSE PLAN	134
77301	RADIOTHERAPY DOSE PLAN, IMR	2,412
77305	TELETX ISODOSE PLAN SIMPLE	175
77310	TELETX ISODOSE PLAN INTERME	231
77315	TELETX ISODOSE PLAN COMPLEX	292
77321	SPECIAL TELETX PORT PLAN	332
77326	BRACHYTX ISODOSE CALC SIMPL	224
77327	BRACHYTX ISODOSE CALC INTER	330
77328	BRACHYTX ISODOSE PLAN COMPL	480
77331	SPECIAL RADIATION DOSIMETRY	99
77332	RADIATION TREATMENT AID(S)	128
77333	RADIATION TREATMENT AID(S)	187
77334	RADIATION TREATMENT AID(S)	305

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
77336	RADIATION PHYSICS CONSULT	191
77370	RADIATION PHYSICS CONSULT	224
77401	RADIATION TREATMENT DELIVER	115
77402	RADIATION TREATMENT DELIVER	115
77403	RADIATION TREATMENT DELIVER	115
77404	RADIATION TREATMENT DELIVER	115
77406	RADIATION TREATMENT DELIVER	115
77407	RADIATION TREATMENT DELIVER	135
77408	RADIATION TREATMENT DELIVER	135
77409	RADIATION TREATMENT DELIVER	135
77411	RADIATION TREATMENT DELIVER	135
77412	RADIATION TREATMENT DELIVER	150
77413	RADIATION TREATMENT DELIVER	150
77414	RADIATION TREATMENT DELIVER	150
77416	RADIATION TREATMENT DELIVER	150
77417	RADIOLOGY PORT FILM(S)	38
77418	RADIATION TX DELIVERY, IMRT	1,115
77421	STEREOSCOPIC X-RAY GUIDANCE	242
77422	NEUTRON BEAM TX, SIMPLE	111
77423	NEUTRON BEAM TX, COMPLEX	145
77427	RADIATION TX MANAGEMENT, X5	256
77431	RADIATION THERAPY MANAGEMEN	146
77432	STEREOTACTIC RADIATION TREA	637
77470	SPECIAL RADIATION TREATMENT	878
77520	PROTON TRMT, SIMPLE W/O COM	146
77523	PROTON TRMT, INTERMEDIATE	164
77600	HYPERTHERMIA TREATMENT	317
77605	HYPERTHERMIA TREATMENT	425
77610	HYPERTHERMIA TREATMENT	317
77615	HYPERTHERMIA TREATMENT	422
77620	HYPERTHERMIA TREATMENT	324
77750	INFUSE RADIOACTIVE MATERIAL	465
77761	APPLY INTRACAV RADIATION SI	447
77762	APPLY INTRACAV RADIATION IN	675
77763	APPLY INTRACAV RADIATION CO	951
77776	APPLY INTERSTITIAL RADIATIO	478
77777	APPLY INTERSTITIAL RADIATIO	849
77778	APPLY INTERSTITIAL RADIATIO	1,194
77781	HIGH INTENSITY BRACHYTHERAP	1,431
77782	HIGH INTENSITY BRACHYTHERAP	1,496
77783	HIGH INTENSITY BRACHYTHERAP	1,590
77784	HIGH INTENSITY BRACHYTHERAP	1,737
77789	APPLY SURFACE RADIATION	116
77790	RADIATION HANDLING	113
78000	THYROID, SINGLE UPTAKE	77
78001	THYROID, MULTIPLE UPTAKES	104

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
78003	THYROID SUPPRESS/STIM	88
78006	THYROID IMAGING WITH UPTAKE	191
78007	THYROID IMAGE, MULT UPTAKES	204
78010	THYROID IMAGING	148
78011	THYROID IMAGING WITH FLOW	190
78015	THYROID MET IMAGING	218
78016	THYROID MET IMAGING/STUDIES	287
78018	THYROID MET IMAGING, BODY	416
78020	THYROID MET UPTAKE	134
78070	PARATHYROID NUCLEAR IMAGING	333
78075	ADRENAL NUCLEAR IMAGING	407
78102	BONE MARROW IMAGING, LTD	175
78103	BONE MARROW IMAGING, MULT	263
78104	BONE MARROW IMAGING, BODY	324
78110	PLASMA VOLUME, SINGLE	77
78111	PLASMA VOLUME, MULTIPLE	183
78120	RED CELL MASS, SINGLE	130
78121	RED CELL MASS, MULTIPLE	211
78122	BLOOD VOLUME	331
78130	RED CELL SURVIVAL STUDY	231
78135	RED CELL SURVIVAL KINETICS	362
78140	RED CELL SEQUESTRATION	300
78185	SPLEEN IMAGING	184
78190	PLATELET SURVIVAL, KINETICS	455
78191	PLATELET SURVIVAL	518
78195	LYMPH SYSTEM IMAGING	356
78201	LIVER IMAGING	186
78202	LIVER IMAGING WITH FLOW	224
78205	LIVER IMAGING (3D)	435
78206	LIVER IMAGE (3D) WITH FLOW	445
78215	LIVER AND SPLEEN IMAGING	226
78216	LIVER & SPLEEN IMAGE/FLOW	267
78220	LIVER FUNCTION STUDY	276
78223	HEPATOBIILIARY IMAGING	300
78230	SALIVARY GLAND IMAGING	176
78231	SERIAL SALIVARY IMAGING	244
78232	SALIVARY GLAND FUNCTION EXA	264
78258	ESOPHAGEAL MOTILITY STUDY	242
78261	GASTRIC MUCOSA IMAGING	318
78262	GASTROESOPHAGEAL REFLUX EXA	326
78264	GASTRIC EMPTYING STUDY	326
78267	BREATH TST ATTAIN/ANAL C-14	16
78268	BREATH TEST ANALYSIS, C-14	136
78270	VIT B-12 ABSORPTION EXAM	116
78271	VIT B-12 ABSORPT EXAM, INT	121
78272	VIT B-12 ABSORPT, COMBINED	170

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
78278	ACUTE GI BLOOD LOSS IMAGING	389
78282	GI PROTEIN LOSS EXAM	30
78290	MECKELS DIVERT EXAM	249
78291	LEVEEN/SHUNT PATENCY EXAM	265
78300	BONE IMAGING, LIMITED AREA	208
78305	BONE IMAGING, MULTIPLE AREA	300
78306	BONE IMAGING, WHOLE BODY	341
78315	BONE IMAGING, 3 PHASE	386
78320	BONE IMAGING (3D)	461
78350	BONE MINERAL, SINGLE PHOTON	65
78351	BONE MINERAL, DUAL PHOTON	331
78399	MUSCULOSKELETAL NUCLEAR EXA	340
78414	NON-IMAGING HEART FUNCTION	36
78428	CARDIAC SHUNT IMAGING	208
78445	VASCULAR FLOW IMAGING	159
78456	ACUTE VENOUS THROMBUS IMAGE	338
78457	VENOUS THROMBOSIS IMAGING	231
78458	VENOUS THROMBOSIS IMAGES, B	329
78459	HEART MUSCLE IMAGING (PET)	120
78460	HEART MUSCLE BLOOD, SINGLE	219
78461	HEART MUSCLE BLOOD, MULTIPL	400
78464	HEART IMAGE (3D), SINGLE	539
78465	HEART IMAGE (3D), MULTIPLE	871
78466	HEART INFARCT IMAGE	223
78468	HEART INFARCT IMAGE (EF)	297
78469	HEART INFARCT IMAGE (3D)	407
78472	GATED HEART, PLANAR, SINGLE	431
78473	GATED HEART, MULTIPLE	645
78478	HEART WALL MOTION, ADD-ON	150
78480	HEART FUNCTION, ADD-ON	149
78481	HEART FIRST PASS, SINGLE	413
78483	HEART FIRST PASS, MULTIPLE	622
78491	HEART IMAGE (PET), SINGLE	122
78492	HEART IMAGE (PET), MULTIPLE	152
78494	HEART IMAGE, SPECT	544
78496	HEART FIRST PASS, ADD-ON	490
78499	CARDIOVASCULAR NUCLEAR EXAM	761
78580	LUNG PERFUSION IMAGING	278
78584	LUNG V/Q IMAGE SINGLE BREAT	282
78585	LUNG V/Q IMAGING	447
78586	AEROSOL LUNG IMAGE, SINGLE	198
78587	AEROSOL LUNG IMAGE, MULTIPL	218
78588	PERFUSION LUNG IMAGE	291
78591	VENT IMAGE, 1 BREATH, 1 PRO	214
78593	VENT IMAGE, 1 PROJ, GAS	259
78594	VENT IMAGE, MULT PROJ, GAS	360

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
78596	LUNG DIFFERENTIAL FUNCTION	552
78600	BRAIN IMAGING, LTD STATIC	219
78601	BRAIN IMAGING, LTD W/FLOW	258
78605	BRAIN IMAGING, COMPLETE	260
78606	BRAIN IMAGING, COMPL W/FLOW	298
78607	BRAIN IMAGING (3D)	518
78608	BRAIN IMAGING (PET)	117
78609	BRAIN IMAGING (PET)	117
78610	BRAIN FLOW IMAGING ONLY	126
78615	CEREBRAL VASCULAR FLOW IMAG	281
78630	CEREBROSPINAL FLUID SCAN	377
78635	CSF VENTRICULOGRAPHY	212
78645	CSF SHUNT EVALUATION	264
78647	CEREBROSPINAL FLUID SCAN	450
78650	CSF LEAKAGE IMAGING	345
78660	NUCLEAR EXAM TEAR FLOW	178
78700	KIDNEY IMAGING, STATIC	231
78701	KIDNEY IMAGING WITH FLOW	266
78704	IMAGING RENOGRAM	311
78707	KIDNEY FLOW/FUNCTION IMAGE	361
78708	KIDNEY FLOW/FUNCTION IMAGE	381
78709	KIDNEY FLOW/FUNCTION IMAGE	396
78710	KIDNEY IMAGING (3D)	431
78715	RENAL VASCULAR FLOW EXAM	126
78725	KIDNEY FUNCTION STUDY	145
78730	URINARY BLADDER RETENTION	122
78740	URETERAL REFLUX STUDY	181
78760	TESTICULAR IMAGING	224
78761	TESTICULAR IMAGING/FLOW	261
78799	GENITOURINARY NUCLEAR EXAM	761
78800	TUMOR IMAGING, LIMITED AREA	270
78801	TUMOR IMAGING, MULT AREAS	333
78802	TUMOR IMAGING, WHOLE BODY	423
78803	TUMOR IMAGING (3D)	507
78804	TUMOR IMAGING, WHOLE BODY	779
78805	ABSCESS IMAGING, LTD AREA	275
78806	ABSCESS IMAGING, WHOLE BODY	481
78807	NUCLEAR LOCALIZATION/ABSCES	507
78811	TUMOR IMAGING (PET), LIMITE	123
78812	TUMOR IMAGE (PET)/SKUL-THIG	153
78813	TUMOR IMAGE (PET) FULL BODY	158
78814	TUMOR IMAGE PET/CT, LIMITED	174
78815	TUMORIMAGE PET/CT SKUL-THIG	192
78816	TUMOR IMAGE PET/CT FULL BOD	196
78890	NUCLEAR MEDICINE DATA PROC	65
78891	NUCLEAR MED DATA PROC	133

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
78999	NUCLEAR DIAGNOSTIC EXAM	551
79005	NUCLEAR RX, ORAL ADMIN	309
79101	NUCLEAR RX, IV ADMIN	322
79200	NUCLEAR RX, INTRACAV ADMIN	325
79300	NUCLR RX, INTERSTIT COLLOID	129
79403	HEMATOPOIETIC NUCLEAR TX	454
79440	NUCLEAR RX, INTRA-ARTICULAR	327
79445	NUCLEAR RX, INTRA-ARTERIAL	189
79999	NUCLEAR MEDICINE THERAPY	546
80048	BASIC METABOLIC PANEL	17
80050	GENERAL HEALTH PANEL	70
80051	ELECTROLYTE PANEL	14
80053	COMPREHEN METABOLIC PANEL	21
80055	OBSTETRIC PANEL	94
80061	LIPID PANEL	26
80069	RENAL FUNCTION PANEL	18
80074	ACUTE HEPATITIS PANEL	93
80076	HEPATIC FUNCTION PANEL	17
80100	DRUG SCREEN, QUALITATE/MULT	29
80101	DRUG SCREEN, SINGLE	28
80102	DRUG CONFIRMATION	27
80103	DRUG ANALYSIS, TISSUE PREP	45
80150	ASSAY AMIKACIN	30
80152	ASSAY AMITRIPTYLINE	36
80154	ASSAY BENZODIAZEPINES	37
80156	ASSAY CARBAMAZEPINE, TOTAL	29
80157	ASSAY CARBAMAZEPINE, FREE	27
80158	ASSAY CYCLOSPORINE	37
80160	ASSAY DESIPRAMINE	35
80162	ASSAY DIGOXIN	27
80164	ASSAY DIPROPYLACETIC ACID	27
80166	ASSAY DOXEPIN	31
80168	ASSAY ETHOSUXIMIDE	33
80170	ASSAY GENTAMICIN	33
80172	ASSAY GOLD	33
80173	ASSAY HALOPERIDOL	29
80174	ASSAY IMIPRAMINE	35
80176	ASSAY LIDOCAINE	30
80178	ASSAY LITHIUM	13
80182	ASSAY NORTRIPTYLINE	27
80184	ASSAY PHENOBARBITAL	23
80185	ASSAY PHENYTOIN, TOTAL	27
80186	ASSAY PHENYTOIN, FREE	28
80188	ASSAY PRIMIDONE	34
80190	ASSAY PROCAINAMIDE	34
80192	ASSAY PROCAINAMIDE	34

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
80194	ASSAY QUINIDINE	30
80195	ASSAY SIROLIMUS	28
80196	ASSAY SALICYLATE	14
80197	ASSAY TACROLIMUS	28
80198	ASSAY THEOPHYLLINE	29
80200	ASSAY TOBRAMYCIN	33
80201	ASSAY TOPIRAMATE	24
80202	ASSAY VANCOMYCIN	27
80299	QUANTITATIVE ASSAY DRUG	28
80400	ACTH STIMULATION PANEL	64
80402	ACTH STIMULATION PANEL	170
80406	ACTH STIMULATION PANEL	153
80408	ALDOSTERONE SUPPRESSION EV	245
80410	CALCITONIN STIMUL PANEL	157
80412	CRH STIMULATION PANEL	645
80414	TESTOSTERONE RESPONSE	101
80415	ESTRADIOL RESPONSE PANEL	109
80416	RENIN STIMULATION PANEL	258
80417	RENIN STIMULATION PANEL	86
80418	PITUITARY EVALUATION PANEL	1,134
80420	DEXAMETHASONE PANEL	141
80422	GLUCAGON TOLERANCE PANEL	90
80424	GLUCAGON TOLERANCE PANEL	99
80426	GONADOTROPIN HORMONE PANEL	290
80428	GROWTH HORMONE PANEL	130
80430	GROWTH HORMONE PANEL	153
80432	INSULIN SUPPRESSION PANEL	240
80434	INSULIN TOLERANCE PANEL	198
80435	INSULIN TOLERANCE PANEL	201
80436	METYRAPONE PANEL	178
80438	TRH STIMULATION PANEL	99
80439	TRH STIMULATION PANEL	131
80440	TRH STIMULATION PANEL	114
80500	LAB PATHOLOGY CONSULTATION	31
80502	LAB PATHOLOGY CONSULTATION	109
81000	URINALYSIS, NONAUTO W/SCOPE	6
81001	URINALYSIS, AUTO W/SCOPE	6
81002	URINALYSIS NONAUTO W/O SCOP	5
81003	URINALYSIS, AUTO, W/O SCOPE	5
81005	URINALYSIS	4
81007	URINE SCREEN FOR BACTERIA	5
81015	MICROSCOPIC EXAM URINE	6
81020	URINALYSIS, GLASS TEST	7
81025	URINE PREGNANCY TEST	13
81050	URINALYSIS, VOLUME MEASURE	6
81099	URINALYSIS TEST PROCEDURE	15

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
82000	ASSAY BLOOD ACETALDEHYDE	25
82003	ASSAY ACETAMINOPHEN	41
82009	TEST FOR ACETONE/KETONES	9
82010	ACETONE ASSAY	17
82013	ACETYLCHOLINESTERASE ASSAY	23
82016	ACYLCARNITINES, QUAL	28
82017	ACYLCARNITINES, QUANT	34
82024	ASSAY ACTH	78
82030	ASSAY ADP & AMP	52
82040	ASSAY SERUM ALBUMIN	10
82042	ASSAY URINE ALBUMIN	10
82043	MICROALBUMIN, QUANTITATIVE	12
82044	MICROALBUMIN, SEMIQUANT	9
82045	ALBUMIN, ISCHEMIA MODIFIED	69
82055	ASSAY ETHANOL	22
82075	ASSAY BREATH ETHANOL	24
82085	ASSAY ALDOLASE	20
82088	ASSAY ALDOSTERONE	82
82101	ASSAY URINE ALKALOIDS	61
82103	ALPHA-1-ANTITRYPSIN, TOTAL	27
82104	ALPHA-1-ANTITRYPSIN, PHENO	29
82105	ALPHA-FETOPROTEIN, SERUM	34
82106	ALPHA-FETOPROTEIN, AMNIOTIC	34
82108	ASSAY ALUMINUM	52
82120	AMINES, VAGINAL FLUID QUAL	8
82127	AMINO ACID, SINGLE QUAL	28
82128	AMINO ACIDS, MULT QUAL	28
82131	AMINO ACIDS, SINGLE QUANT	34
82135	ASSAY AMINOLEVULINIC ACID	33
82136	AMINO ACIDS, QUANT, 2-5	34
82139	AMINO ACIDS, QUAN, 6 OR MOR	34
82140	ASSAY AMMONIA	29
82143	AMNIOTIC FLUID SCAN	14
82145	ASSAY AMPHETAMINES	31
82150	ASSAY AMYLASE	13
82154	ANDROSTANEDIOL GLUCURONIDE	58
82157	ASSAY ANDROSTENEDIONE	59
82160	ASSAY ANDROSTERONE	51
82163	ASSAY ANGIOTENSIN II	41
82164	ANGIOTENSIN I ENZYME TEST	30
82172	ASSAY APOLIPOPROTEIN	31
82175	ASSAY ARSENIC	38
82180	ASSAY ASCORBIC ACID	20
82190	ATOMIC ABSORPTION	30
82205	ASSAY BARBITURATES	23
82232	ASSAY BETA-2 PROTEIN	33

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
82239	BILE ACIDS, TOTAL	35
82240	BILE ACIDS, CHOLYLGLYCINE	54
82247	BILIRUBIN, TOTAL	10
82248	BILIRUBIN, DIRECT	10
82252	FECAL BILIRUBIN TEST	9
82261	ASSAY BIOTINIDASE	34
82270	OCCULT BLOOD, OTHER SOURCES	7
82271	OCCULT BLOOD, FECES, SINGLE	7
82272	BLOOD OCCULT PEROXIDASE	7
82274	ASSAY TEST FOR BLOOD, FECAL	32
82286	ASSAY BRADYKININ	14
82300	ASSAY CADMIUM	47
82306	ASSAY VITAMIN D	60
82307	ASSAY VITAMIN D	65
82308	ASSAY CALCITONIN	54
82310	ASSAY CALCIUM	10
82330	ASSAY CALCIUM	28
82331	CALCIUM INFUSION TEST	10
82340	ASSAY CALCIUM IN URINE	12
82355	CALCULUS ANALYSIS, QUAL	23
82360	CALCULUS ASSAY QUANT	26
82365	CALCULUS SPECTROSCOPY	26
82370	X-RAY ASSAY CALCULUS	25
82373	ASSAY C-D TRANSFER MEASURE	37
82374	ASSAY BLOOD CARBON DIOXIDE	10
82375	ASSAY BLOOD CARBON MONOXIDE	25
82376	TEST FOR CARBON MONOXIDE	12
82378	CARCINOEMBRYONIC ANTIGEN	38
82379	ASSAY CARNITINE	34
82380	ASSAY CAROTENE	19
82382	ASSAY URINE CATECHOLAMINES	35
82383	ASSAY BLOOD CATECHOLAMINES	51
82384	ASSAY THREE CATECHOLAMINES	51
82387	ASSAY CATHEPSIN-D	42
82390	ASSAY CERULOPLASMIN	22
82397	CHEMILUMINESCENT ASSAY	29
82415	ASSAY CHLORAMPHENICOL	26
82435	ASSAY BLOOD CHLORIDE	9
82436	ASSAY URINE CHLORIDE	10
82438	ASSAY OTHER FLUID CHLORIDES	10
82441	TEST FOR CHLOROHYDROCARBONS	12
82465	ASSAY BLD/SERUM CHOLESTEROL	9
82480	ASSAY SERUM CHOLINESTERASE	16
82482	ASSAY RBC CHOLINESTERASE	16
82485	ASSAY CHONDROITIN SULFATE	42
82486	GAS/LIQUID CHROMATOGRAPHY	37

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
82487	PAPER CHROMATOGRAPHY	32
82488	PAPER CHROMATOGRAPHY	43
82489	THIN LAYER CHROMATOGRAPHY	37
82491	CHROMOTOGRAPHY, QUANT, SING	37
82492	CHROMOTOGRAPHY, QUANT, MULT	37
82495	ASSAY CHROMIUM	41
82507	ASSAY CITRATE	56
82520	ASSAY COCAINE	31
82523	COLLAGEN CROSSLINKS	38
82525	ASSAY COPPER	25
82528	ASSAY CORTICOSTERONE	46
82530	CORTISOL, FREE	34
82533	TOTAL CORTISOL	33
82540	ASSAY CREATINE	9
82541	COLUMN CHROMOTOGRAPHY, QUAL	37
82542	COLUMN CHROMOTOGRAPHY, QUAN	37
82543	COLUMN CHROMOTOGRAPH/ISOTOP	37
82544	COLUMN CHROMOTOGRAPH/ISOTOP	37
82550	ASSAY CK (CPK)	13
82552	ASSAY CPK IN BLOOD	27
82553	CREATINE, MB FRACTION	23
82554	CREATINE, ISOFORMS	24
82565	ASSAY CREATININE	10
82570	ASSAY URINE CREATININE	10
82575	CREATININE CLEARANCE TEST	19
82585	ASSAY CRYOFIBRINOGEN	17
82595	ASSAY CRYOGLOBULIN	13
82600	ASSAY CYANIDE	39
82607	VITAMIN B-12	30
82608	B-12 BINDING CAPACITY	29
82615	TEST FOR URINE CYSTINES	17
82626	DEHYDROEPIANDROSTERONE	51
82627	DEHYDROEPIANDROSTERONE	45
82633	DESOXYCORTICOSTERONE	63
82634	DEOXYCORTISOL	59
82638	ASSAY DIBUCAINE NUMBER	25
82646	ASSAY DIHYDROCODEINONE	42
82649	ASSAY DIHYDROMORPHINONE	52
82651	ASSAY DIHYDROTESTOSTERONE	52
82652	ASSAY DIHYDROXYVITAMIN D	78
82654	ASSAY DIMETHADIONE	28
82656	PANCREATIC ELASTASE, FECAL	23
82657	ENZYME CELL ACTIVITY	37
82658	ENZYME CELL ACTIVITY, RA	37
82664	ELECTROPHORETIC TEST	69
82666	ASSAY EPIANDROSTERONE	43

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
82668	ASSAY ERYTHROPOIETIN	38
82670	ASSAY ESTRADIOL	56
82671	ASSAY ESTROGENS	65
82672	ASSAY ESTROGEN	44
82677	ASSAY ESTRIOL	49
82679	ASSAY ESTRONE	50
82690	ASSAY ETHCHLORVYNOL	35
82693	ASSAY ETHYLENE GLYCOL	30
82696	ASSAY ETIOCHOLANOLONE	48
82705	FATS/LIPIDS, FECES, QUAL	10
82710	FATS/LIPIDS, FECES, QUANT	34
82715	ASSAY FECAL FAT	35
82725	ASSAY BLOOD FATTY ACIDS	27
82726	LONG CHAIN FATTY ACIDS	37
82728	ASSAY FERRITIN	28
82731	ASSAY FETAL FIBRONECTIN	130
82735	ASSAY FLUORIDE	37
82742	ASSAY FLURAZEPAM	40
82746	BLOOD FOLIC ACID SERUM	30
82747	ASSAY FOLIC ACID, RBC	35
82757	ASSAY SEMEN FRUCTOSE	35
82759	ASSAY RBC GALACTOKINASE	43
82760	ASSAY GALACTOSE	23
82775	ASSAY GALACTOSE TRANSFERASE	43
82776	GALACTOSE TRANSFERASE TEST	17
82784	ASSAY GAMMAGLOBULIN IGM	19
82785	ASSAY GAMMAGLOBULIN IGE	33
82787	IGG 1, 2, 3 OR 4, EACH	16
82800	BLOOD PH	17
82803	BLOOD GASES: PH, PO2 & PCO2	39
82805	BLOOD GASES W/O2 SATURATION	57
82810	BLOOD GASES, O2 SAT ONLY	18
82820	HEMOGLOBIN-OXYGEN AFFINITY	20
82926	ASSAY GASTRIC ACID	11
82928	ASSAY GASTRIC ACID	13
82938	GASTRIN TEST	36
82941	ASSAY GASTRIN	36
82943	ASSAY GLUCAGON	29
82945	GLUCOSE OTHER FLUID	8
82946	GLUCAGON TOLERANCE TEST	30
82947	ASSAY GLUCOSE, BLOOD QUANT	8
82948	REAGENT STRIP/BLOOD GLUCOSE	6
82950	GLUCOSE TEST	10
82951	GLUCOSE TOLERANCE TEST (GTT	26
82952	GTT-ADDED SAMPLES	8
82953	GLUCOSE-TOLBUTAMIDE TEST	31

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
82955	ASSAY G6PD ENZYME	20
82960	TEST FOR G6PD ENZYME	12
82962	GLUCOSE BLOOD TEST	5
82963	ASSAY GLUCOSIDASE	43
82965	ASSAY GDH ENZYME	16
82975	ASSAY GLUTAMINE	32
82977	ASSAY GGT	15
82978	ASSAY GLUTATHIONE	29
82979	ASSAY RBC GLUTATHIONE	14
82980	ASSAY GLUTETHIMIDE	37
82985	GLYCATED PROTEIN	30
83001	GONADOTROPIN (FSH)	38
83002	GONADOTROPIN (LH)	37
83003	ASSAY GROWTH HORMONE (HGH)	34
83008	ASSAY GUANOSINE	34
83009	H PYLORI (C-13), BLOOD	136
83010	ASSAY HAPTOGLOBIN, QUANT	25
83012	ASSAY HAPTOGLOBINS	35
83013	H PYLORI (C-13), BREATH	136
83014	H PYLORI DRUG ADMIN	16
83015	HEAVY METAL SCREEN	38
83018	QUANTITATIVE SCREEN, METALS	44
83020	HEMOGLOBIN ELECTROPHORESIS	30
83021	HEMOGLOBIN CHROMOTOGRAPHY	37
83026	HEMOGLOBIN, COPPER SULFATE	5
83030	FETAL HEMOGLOBIN, CHEMICAL	17
83033	FETAL HEMOGLOBIN ASSAY QUAL	12
83036	GLYCOSYLATED HEMOGLOBIN TES	20
83037	GLYCOSYLATED HB, HOME DEVIC	21
83045	BLOOD METHEMOGLOBIN TEST	10
83050	BLOOD METHEMOGLOBIN ASSAY	15
83051	ASSAY PLASMA HEMOGLOBIN	15
83055	BLOOD SULFHEMOGLOBIN TEST	10
83060	BLOOD SULFHEMOGLOBIN ASSAY	17
83065	ASSAY HEMOGLOBIN HEAT	14
83068	HEMOGLOBIN STABILITY SCREEN	17
83069	ASSAY URINE HEMOGLOBIN	8
83070	ASSAY HEMOSIDERIN, QUAL	10
83071	ASSAY HEMOSIDERIN, QUANT	14
83080	ASSAY B HEXOSAMINIDASE	34
83088	ASSAY HISTAMINE	60
83090	ASSAY HOMOCYSTEINE	34
83150	ASSAY FOR HVA	39
83491	ASSAY CORTICOSTEROIDS	35
83497	ASSAY 5-HIAA	26
83498	ASSAY PROGESTERONE	55

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
83499	ASSAY PROGESTERONE	51
83500	ASSAY FREE HYDROXYPROLINE	46
83505	ASSAY TOTAL HYDROXYPROLINE	49
83516	IMMUNOASSAY NONANTIBODY	23
83518	IMMUNOASSAY DIPSTICK	17
83519	IMMUNOASSAY NONANTIBODY	27
83520	IMMUNOASSAY RIA	26
83525	ASSAY INSULIN	23
83527	ASSAY INSULIN	26
83528	ASSAY INTRINSIC FACTOR	32
83540	ASSAY IRON	13
83550	IRON BINDING TEST	18
83570	ASSAY IDH ENZYME	18
83582	ASSAY KETOGENIC STEROIDS	29
83586	ASSAY 17- KETOSTEROIDS	26
83593	FRACTIONATION, KETOSTEROIDS	53
83605	ASSAY LACTIC ACID	22
83615	LACTATE (LD) (LDH) ENZYME	12
83625	ASSAY LDH ENZYMES	26
83630	LACTOFERRIN, FECAL (QUAL)	40
83631	LACTOFERRIN, FECAL (QUANT)	40
83632	PLACENTAL LACTOGEN	41
83633	TEST URINE FOR LACTOSE	11
83634	ASSAY URINE FOR LACTOSE	23
83655	ASSAY LEAD	24
83661	L/S RATIO, FETAL LUNG	44
83662	FOAM STABILITY, FETAL LUNG	38
83663	FLUORO POLARIZE, FETAL LUNG	38
83664	LAMELLAR BDY, FETAL LUNG	38
83670	ASSAY LAP ENZYME	19
83690	ASSAY LIPASE	14
83695	ASSAY LIPOPROTEIN (A)	26
83700	LIPOPROTEIN BLD, ELECTROPHO	23
83701	LIPOPROTEIN BLD, HR FRACTIO	50
83704	LIPOPROTEIN, BLD, BY NMR	64
83718	ASSAY LIPOPROTEIN	17
83719	ASSAY BLOOD LIPOPROTEIN	24
83721	ASSAY BLOOD LIPOPROTEIN	19
83727	ASSAY LRH HORMONE	35
83735	ASSAY MAGNESIUM	14
83775	ASSAY MD ENZYME	15
83785	ASSAY MANGANESE	50
83788	MASS SPECTROMETRY QUAL	37
83789	MASS SPECTROMETRY QUANT	37
83805	ASSAY MEPROBAMATE	36
83825	ASSAY MERCURY	33

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
83835	ASSAY METANEPHRINES	34
83840	ASSAY METHADONE	33
83857	ASSAY METHHEMALBUMIN	22
83858	ASSAY METHSUXIMIDE	30
83864	MUCOPOLYSACCHARIDES	40
83866	MUCOPOLYSACCHARIDES SCREEN	20
83872	ASSAY SYNOVIAL FLUID MUCIN	12
83873	ASSAY CSF PROTEIN	35
83874	ASSAY MYOGLOBIN	26
83880	NATRIURETIC PEPTIDE	69
83883	ASSAY NEPHELOMETRY NOT SPEC	27
83885	ASSAY NICKEL	50
83887	ASSAY NICOTINE	48
83890	MOLECULE ISOLATE	8
83891	MOLECULE ISOLATE NUCLEIC	8
83892	MOLECULAR DIAGNOSTICS	8
83893	MOLECULE DOT/SLOT/BLOT	8
83894	MOLECULE GEL ELECTROPHOR	8
83896	MOLECULAR DIAGNOSTICS	8
83897	MOLECULE NUCLEIC TRANSFER	8
83898	MOLECULE NUCLEIC AMPLI, EAC	34
83900	MOLECULE NUCLEIC AMPLI 2 SE	68
83901	MOLECULE NUCLEIC AMPLI ADDO	34
83902	MOLECULAR DIAGNOSTICS	29
83903	MOLECULE MUTATION SCAN	34
83904	MOLECULE MUTATION IDENTIFY	34
83905	MOLECULE MUTATION IDENTIFY	34
83906	MOLECULE MUTATION IDENTIFY	34
83907	LYSE CELLS FOR NUCLEIC EXT	27
83908	NUCLEIC ACID, SIGNAL AMPLI	34
83909	NUCLEIC ACID, HIGH RESOLUTE	34
83912	GENETIC EXAMINATION	28
83914	MUTATION IDENT OLA/SBCE/ASP	34
83915	ASSAY NUCLEOTIDASE	23
83916	OLIGOCLONAL BANDS	41
83918	ORGANIC ACIDS, TOTAL, QUANT	33
83919	ORGANIC ACIDS, QUAL, EACH	33
83921	ORGANIC ACID, SINGLE, QUANT	33
83925	ASSAY OPIATES	39
83930	ASSAY BLOOD OSMOLALITY	13
83935	ASSAY URINE OSMOLALITY	14
83937	ASSAY OSTEOCALCIN	60
83945	ASSAY OXALATE	26
83950	ONCOPROTEIN, HER-2/NEU	130
83970	ASSAY PARATHORMONE	83
83986	ASSAY BODY FLUID ACIDITY	7

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
83992	ASSAY FOR PHENCYCLIDINE	30
84022	ASSAY PHENOTHIAZINE	31
84030	ASSAY BLOOD PKU	11
84035	ASSAY PHENYLKETONES	7
84060	ASSAY ACID PHOSPHATASE	15
84061	PHOSPHATASE, FORENSIC EXAM	16
84066	ASSAY PROSTATE PHOSPHATASE	20
84075	ASSAY ALKALINE PHOSPHATASE	10
84078	ASSAY ALKALINE PHOSPHATASE	15
84080	ASSAY ALKALINE PHOSPHATASES	30
84081	AMNIOTIC FLUID ENZYME TEST	33
84085	ASSAY RBC PG6D ENZYME	14
84087	ASSAY PHOSPHOHEXOSE ENZYMES	21
84100	ASSAY PHOSPHORUS	10
84105	ASSAY URINE PHOSPHORUS	10
84106	TEST FOR PORPHOBILINOGEN	9
84110	ASSAY PORPHOBILINOGEN	17
84119	TEST URINE FOR PORPHYRINS	17
84120	ASSAY URINE PORPHYRINS	30
84126	ASSAY FECES PORPHYRINS	51
84127	ASSAY FECES PORPHYRINS	24
84132	ASSAY SERUM POTASSIUM	9
84133	ASSAY URINE POTASSIUM	9
84134	ASSAY PREALBUMIN	29
84135	ASSAY PREGNANEDIOL	39
84138	ASSAY PREGNANETRIOL	38
84140	ASSAY PREGNENOLONE	42
84143	ASSAY 17-HYDROXY-PREGNENO	46
84144	ASSAY PROGESTERONE	42
84146	ASSAY PROLACTIN	39
84150	ASSAY PROSTAGLANDIN	50
84152	ASSAY PSA, COMPLEXED	37
84153	ASSAY PSA, TOTAL	37
84154	ASSAY PSA, FREE	37
84155	ASSAY PROTEIN, SERUM	7
84156	ASSAY PROTEIN, URINE	7
84157	ASSAY PROTEIN, OTHER	7
84160	ASSAY PROTEIN, ANY SOURCE	10
84163	PAPPA, SERUM	30
84165	PROTEIN E-PHORESIS, SERUM	30
84166	PROTEIN E-PHORESIS/URINE/CS	30
84181	WESTERN BLOT TEST	30
84182	PROTEIN, WESTERN BLOT TEST	31
84202	ASSAY RBC PROTOPORPHYRIN	29
84203	TEST RBC PROTOPORPHYRIN	17
84206	ASSAY PROINSULIN	36

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
84207	ASSAY VITAMIN B-6	57
84210	ASSAY PYRUVATE	22
84220	ASSAY PYRUVATE KINASE	19
84228	ASSAY QUININE	24
84233	ASSAY ESTROGEN	130
84234	ASSAY PROGESTERONE	131
84235	ASSAY ENDOCRINE HORMONE	106
84238	ASSAY NONENDOCRINE RECEPTOR	74
84244	ASSAY RENIN	44
84252	ASSAY VITAMIN B-2	41
84255	ASSAY SELENIUM	52
84260	ASSAY SEROTONIN	63
84270	ASSAY SEX HORMONE GLOBUL	44
84275	ASSAY SIALIC ACID	27
84285	ASSAY SILICA	48
84295	ASSAY SERUM SODIUM	10
84300	ASSAY URINE SODIUM	10
84302	ASSAY SWEAT SODIUM	10
84305	ASSAY SOMATOMEDIN	43
84307	ASSAY SOMATOSTATIN	37
84311	SPECTROPHOTOMETRY	14
84315	BODY FLUID SPECIFIC GRAVITY	5
84375	CHROMATOGRAM ASSAY SUGARS	40
84376	SUGARS, SINGLE, QUAL	11
84377	SUGARS, MULTIPLE, QUAL	11
84378	SUGARS, SINGLE, QUANT	23
84379	SUGARS MULTIPLE QUANT	23
84392	ASSAY URINE SULFATE	10
84402	ASSAY TESTOSTERONE	51
84403	ASSAY TOTAL TESTOSTERONE	52
84425	ASSAY VITAMIN B-1	43
84430	ASSAY THIOCYANATE	24
84432	ASSAY THYROGLOBULIN	32
84436	ASSAY TOTAL THYROXINE	14
84437	ASSAY NEONATAL THYROXINE	13
84439	ASSAY FREE THYROXINE	18
84442	ASSAY THYROID ACTIVITY	30
84443	ASSAY THYROID STIM HORMONE	34
84445	ASSAY TSI	103
84446	ASSAY VITAMIN E	29
84449	ASSAY TRASCORTIN	36
84450	TRANSFERASE (AST) (SGOT)	10
84460	ALANINE AMINO (ALT) (SGPT)	11
84466	ASSAY TRANSFERRIN	26
84478	ASSAY TRIGLYCERIDES	12
84479	ASSAY THYROID (T3 OR T4)	13

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
84480	ASSAY TRIIODOTHYRONINE (T3)	29
84481	FREE ASSAY (FT-3)	34
84482	T3 REVERSE	32
84484	ASSAY TROPONIN, QUANT	20
84485	ASSAY DUODENAL FLUID TRYPSI	15
84488	TEST FECES FOR TRYPSIN	15
84490	ASSAY FECES FOR TRYPSIN	15
84510	ASSAY TYROSINE	21
84512	ASSAY TROPONIN, QUAL	16
84520	ASSAY UREA NITROGEN	8
84525	UREA NITROGEN SEMI-QUANT	8
84540	ASSAY URINE/UREA-N	10
84545	UREA-N CLEARANCE TEST	13
84550	ASSAY BLOOD/URIC ACID	9
84560	ASSAY URINE/URIC ACID	10
84577	ASSAY FECES/UROBILINOGEN	25
84578	TEST URINE UROBILINOGEN	7
84580	ASSAY URINE UROBILINOGEN	14
84583	ASSAY URINE UROBILINOGEN	10
84585	ASSAY URINE VMA	31
84586	ASSAY VIP	71
84588	ASSAY VASOPRESSIN	69
84590	ASSAY VITAMIN A	23
84591	ASSAY NOS VITAMIN	23
84597	ASSAY VITAMIN K	28
84600	ASSAY VOLATILES	32
84620	XYLOSE TOLERANCE TEST	24
84630	ASSAY ZINC	23
84681	ASSAY C-PEPTIDE	42
84702	CHORIONIC GONADOTROPIN TEST	30
84703	CHORIONIC GONADOTROPIN ASSA	15
84830	OVULATION TESTS	20
84999	CLINICAL CHEMISTRY TEST	9
85002	BLEEDING TIME TEST	9
85004	AUTOMATED DIFF WBC COUNT	13
85007	BLOOD SMEAR W/DIFF WBC COUN	7
85008	BLOOD SMEAR W/O DIFF WBC CO	7
85009	MANUAL DIFF WBC COUNT B-COA	8
85013	SPUN MICROHEMATOCRIT	5
85014	HEMATOCRIT	5
85018	HEMOGLOBIN	5
85025	COMPLETE CBC W/AUTO DIFF WB	16
85027	COMPLETE CBC, AUTOMATED	13
85032	MANUAL CELL COUNT, EACH	9
85041	AUTOMATED RBC COUNT	6
85044	MANUAL RETICULOCYTE COUNT	9

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
85045	AUTOMATED RETICULOCYTE COUN	8
85046	RETICYTE/HGB CONCENTRATE	11
85048	AUTOMATED LEUKOCYTE COUNT	5
85049	AUTOMATED PLATELET COUNT	9
85055	RETICULATED PLATELET ASSAY	54
85060	BLOOD SMEAR INTERPRETATION	37
85097	BONE MARROW INTERPRETATION	79
85130	CHROMOGENIC SUBSTRATE ASSAY	24
85170	BLOOD CLOT RETRACTION	7
85175	BLOOD CLOT LYSIS TIME	9
85210	BLOOD CLOT FACTOR II TEST	26
85220	BLOOD CLOT FACTOR V TEST	36
85230	BLOOD CLOT FACTOR VII TEST	36
85240	BLOOD CLOT FACTOR VIII TEST	36
85244	BLOOD CLOT FACTOR VIII TEST	41
85245	BLOOD CLOT FACTOR VIII TEST	46
85246	BLOOD CLOT FACTOR VIII TEST	46
85247	BLOOD CLOT FACTOR VIII TEST	46
85250	BLOOD CLOT FACTOR IX TEST	38
85260	BLOOD CLOT FACTOR X TEST	36
85270	BLOOD CLOT FACTOR XI TEST	36
85280	BLOOD CLOT FACTOR XII TEST	39
85290	BLOOD CLOT FACTOR XIII TEST	33
85291	BLOOD CLOT FACTOR XIII TEST	18
85292	BLOOD CLOT FACTOR ASSAY	38
85293	BLOOD CLOT FACTOR ASSAY	38
85300	ANTITHROMBIN III TEST	24
85301	ANTITHROMBIN III TEST	22
85302	BLOOD CLOT INHIBITOR ANTIGE	24
85303	BLOOD CLOT INHIBITOR TEST	28
85305	BLOOD CLOT INHIBITOR ASSAY	23
85306	BLOOD CLOT INHIBITOR TEST	31
85307	ASSAY ACTIVATED PROTEIN C	31
85335	FACTOR INHIBITOR TEST	26
85337	THROMBOMODULIN	21
85345	COAGULATION TIME	9
85347	COAGULATION TIME	9
85348	COAGULATION TIME	8
85360	EUGLOBULIN LYSIS	17
85362	FIBRIN DEGRADATION PRODUCTS	14
85366	FIBRINOGEN TEST	17
85370	FIBRINOGEN TEST	23
85378	FIBRIN DEGRADE, SEMIQUANT	14
85379	FIBRIN DEGRADATION, QUANT	21
85380	FIBRIN DEGRADATION, VTE	21
85384	FIBRINOGEN	17

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
85385	FIBRINOGEN	17
85390	FIBRINOLYSINS SCREEN	29
85396	CLOTTING ASSAY WHOLE BLOOD	32
85400	FIBRINOLYTIC PLASMIN	18
85410	FIBRINOLYTIC ANTIPLASMIN	16
85415	FIBRINOLYTIC PLASMINOGEN	35
85420	FIBRINOLYTIC PLASMINOGEN	13
85421	FIBRINOLYTIC PLASMINOGEN	21
85441	HEINZ BODIES, DIRECT	9
85445	HEINZ BODIES, INDUCED	14
85460	HEMOGLOBIN, FETAL	16
85461	HEMOGLOBIN, FETAL	13
85475	HEMOLYSIN	18
85520	HEPARIN ASSAY	26
85525	HEPARIN NEUTRALIZATION	24
85530	HEPARIN-PROTAMINE TOLERANCE	29
85536	IRON STAIN PERIPHERAL BLOOD	13
85540	WBC ALKALINE PHOSPHATASE	17
85547	RBC MECHANICAL FRAGILITY	17
85549	MURAMIDASE	38
85555	RBC OSMOTIC FRAGILITY	14
85557	RBC OSMOTIC FRAGILITY	27
85576	BLOOD PLATELET AGGREGATION	31
85597	PLATELET NEUTRALIZATION	36
85610	PROTHROMBIN TIME	8
85611	PROTHROMBIN TEST	8
85612	VIPER VENOM PROTHROMBIN TIM	19
85613	RUSSELL VIPER VENOM, DILUTE	19
85635	REPTILASE TEST	20
85651	RBC SED RATE, NONAUTOMATED	7
85652	RBC SED RATE, AUTOMATED	5
85660	RBC SICKLE CELL TEST	11
85670	THROMBIN TIME, PLASMA	12
85675	THROMBIN TIME, TITER	14
85705	THROMBOPLASTIN INHIBITION	19
85730	THROMBOPLASTIN TIME, PARTIA	12
85732	THROMBOPLASTIN TIME, PARTIA	13
85810	BLOOD VISCOSITY EXAMINATION	24
85999	HEMATOLOGY PROCEDURE	9
86000	AGGLUTININS, FEBRILE	14
86001	ALLERGEN SPECIFIC IGG	11
86003	ALLERGEN SPECIFIC IGE	11
86005	ALLERGEN SPECIFIC IGE	16
86021	WBC ANTIBODY IDENTIFICATION	30
86022	PLATELET ANTIBODIES	37
86023	IMMUNOGLOBULIN ASSAY	25

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
86038	ANTINUCLEAR ANTIBODIES	24
86039	ANTINUCLEAR ANTIBODIES (ANA	23
86060	ANTISTREPTOLYSIN O, TITER	15
86063	ANTISTREPTOLYSIN O, SCREEN	12
86077	PHYSICIAN BLOOD BANK SERVIC	77
86078	PHYSICIAN BLOOD BANK SERVIC	78
86079	PHYSICIAN BLOOD BANK SERVIC	79
86140	C-REACTIVE PROTEIN	10
86141	C-REACTIVE PROTEIN, HS	26
86146	GLYCOPROTEIN ANTIBODY	51
86147	CARDIOLIPIN ANTIBODY	51
86148	PHOSPHOLIPID ANTIBODY	32
86155	CHEMOTAXIS ASSAY	32
86156	COLD AGGLUTININ, SCREEN	14
86157	COLD AGGLUTININ, TITER	16
86160	COMPLEMENT, ANTIGEN	24
86161	COMPLEMENT/FUNCTION ACTIVIT	24
86162	COMPLEMENT, TOTAL (CH50)	41
86171	COMPLEMENT FIXATION, EACH	20
86185	COUNTERIMMUNOELECTROPHORESIS	18
86200	CCP ANTIBODY	26
86215	DEOXYRIBONUCLEASE, ANTIBODY	27
86225	DNA ANTIBODY	28
86226	DNA ANTIBODY, SINGLE STRAND	24
86235	NUCLEAR ANTIGEN ANTIBODY	36
86243	FC RECEPTOR	41
86255	FLUORESCENT ANTIBODY, SCREE	30
86256	FLUORESCENT ANTIBODY, TITER	30
86277	GROWTH HORMONE ANTIBODY	32
86280	HEMAGGLUTINATION INHIBITION	17
86294	IMMUNOASSAY TUMOR, QUAL	40
86300	IMMUNOASSAY TUMOR, CA 15-3	42
86301	IMMUNOASSAY TUMOR, CA 19-9	42
86304	IMMUNOASSAY TUMOR, CA 125	42
86308	HETEROPHILE ANTIBODIES	10
86309	HETEROPHILE ANTIBODIES	13
86310	HETEROPHILE ANTIBODIES	15
86316	IMMUNOASSAY TUMOR OTHER	42
86317	IMMUNOASSAY INFECTIOUS AGENT	30
86318	IMMUNOASSAY INFECTIOUS AGENT	26
86320	SERUM IMMUNOELECTROPHORESIS	30
86325	OTHER IMMUNOELECTROPHORESIS	29
86327	IMMUNOELECTROPHORESIS ASSAY	35
86329	IMMUNODIFFUSION	28
86331	IMMUNODIFFUSION OUCHTERLONY	24
86332	IMMUNE COMPLEX ASSAY	49

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
86334	IMMUNOFIX E-PHORESIS, SERUM	30
86335	IMMUNFIX E-PHORSIS/URINE/CS	30
86336	INHIBIN A	32
86337	INSULIN ANTIBODIES	43
86340	INTRINSIC FACTOR ANTIBODY	30
86341	ISLET CELL ANTIBODY	40
86343	LEUKOCYTE HISTAMINE RELEASE	25
86344	LEUKOCYTE PHAGOCYTOSIS	16
86353	LYMPHOCYTE TRANSFORMATION	99
86355	B CELLS, TOTAL COUNT	76
86357	NK CELLS, TOTAL COUNT	76
86359	T CELLS, TOTAL COUNT	76
86360	T CELL, ABSOLUTE COUNT/RATI	95
86361	T CELL, ABSOLUTE COUNT	54
86367	STEM CELLS, TOTAL COUNT	76
86376	MICROSOMAL ANTIBODY	29
86378	MIGRATION INHIBITORY FACTOR	40
86382	NEUTRALIZATION TEST, VIRAL	34
86384	NITROBLUE TETRAZOLIUM DYE	23
86403	PARTICLE AGGLUTINATION TEST	21
86406	PARTICLE AGGLUTINATION TEST	22
86430	RHEUMATOID FACTOR TEST	11
86431	RHEUMATOID FACTOR, QUANT	11
86480	TB TEST, CELL IMMUN MEASURE	125
86485	SKIN TEST, CANDIDA	36
86490	COCCIDIOIDOMYCOSIS SKIN TES	19
86510	HISTOPLASMOSIS SKIN TEST	21
86580	TB INTRADERMAL TEST	16
86586	SKIN TEST, UNLISTED	76
86590	STREPTOKINASE, ANTIBODY	22
86592	BLOOD SEROLOGY, QUALITATIVE	9
86593	BLOOD SEROLOGY, QUANTITATIV	9
86602	ANTINOMYCES ANTIBODY	21
86603	ADENOVIRUS ANTIBODY	26
86606	ASPERGILLUS ANTIBODY	30
86609	BACTERIUM ANTIBODY	26
86611	BARTONELLA ANTIBODY	21
86612	BLASTOMYCES ANTIBODY	26
86615	BORDETELLA ANTIBODY	27
86617	LYME DISEASE ANTIBODY	31
86618	LYME DISEASE ANTIBODY	34
86619	BORRELIA ANTIBODY	27
86622	BRUCELLA ANTIBODY	18
86625	CAMPYLOBACTER ANTIBODY	27
86628	CANDIDA ANTIBODY	24
86631	CHLAMYDIA ANTIBODY	24

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
86632	CHLAMYDIA IGM ANTIBODY	26
86635	COCCIDIOIDES ANTIBODY	23
86638	Q FEVER ANTIBODY	25
86641	CRYPTOCOCCUS ANTIBODY	29
86644	CMV ANTIBODY	29
86645	CMV ANTIBODY, IGM	34
86648	DIPHTHERIA ANTIBODY	31
86651	ENCEPHALITIS ANTIBODY	27
86652	ENCEPHALITIS ANTIBODY	27
86653	ENCEPHALITIS ANTIBODY	27
86654	ENCEPHALITIS ANTIBODY	27
86658	ENTEROVIRUS ANTIBODY	26
86663	EPSTEIN-BARR ANTIBODY	27
86664	EPSTEIN-BARR ANTIBODY	31
86665	EPSTEIN-BARR ANTIBODY	37
86666	EHRlichia ANTIBODY	21
86668	FRANCISELLA TULARENSIS	21
86671	FUNGUS ANTIBODY	25
86674	GIARDIA LAMBLIA ANTIBODY	30
86677	HELICOBACTER PYLORI	29
86682	HELMINTH ANTIBODY	26
86684	HEMOPHILUS INFLUENZA	32
86687	HTLV-I ANTIBODY	17
86688	HTLV-II ANTIBODY	28
86689	HTLV/HIV CONFIRMATORY TEST	39
86692	HEPATITIS, DELTA AGENT	35
86694	HERPES SIMPLEX TEST	29
86695	HERPES SIMPLEX TEST	27
86696	HERPES SIMPLEX TYPE 2	39
86698	HISTOPLASMA	25
86701	HIV-1	18
86702	HIV-2	27
86703	HIV-1/HIV-2, SINGLE ASSAY	28
86704	HEP B CORE ANTIBODY, TOTAL	24
86705	HEP B CORE ANTIBODY, IGM	24
86706	HEP B SURFACE ANTIBODY	22
86707	HEP BE ANTIBODY	23
86708	HEP A ANTIBODY, TOTAL	25
86709	HEP A ANTIBODY, IGM	23
86710	INFLUENZA VIRUS ANTIBODY	27
86713	LEGIONELLA ANTIBODY	31
86717	LEISHMANIA ANTIBODY	25
86720	LEPTOSPIRA ANTIBODY	27
86723	LISTERIA MONOCYTOGENES AB	27
86727	LYMPH CHORIOMENINGITIS AB	26
86729	LYMPHO VENEREUM ANTIBODY	24

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
86732	MUCORMYCOSIS ANTIBODY	27
86735	MUMPS ANTIBODY	26
86738	MYCOPLASMA ANTIBODY	27
86741	NEISSERIA MENINGITIDIS	27
86744	NOCARDIA ANTIBODY	27
86747	PARVOVIRUS ANTIBODY	30
86750	MALARIA ANTIBODY	27
86753	PROTOZOA ANTIBODY NOS	25
86756	RESPIRATORY VIRUS ANTIBODY	26
86757	RICKETTSIA ANTIBODY	39
86759	ROTAVIRUS ANTIBODY	27
86762	RUBELLA ANTIBODY	29
86765	RUBEOLA ANTIBODY	26
86768	SALMONELLA ANTIBODY	27
86771	SHIGELLA ANTIBODY	27
86774	TETANUS ANTIBODY	30
86777	TOXOPLASMA ANTIBODY	29
86778	TOXOPLASMA ANTIBODY, IGM	29
86781	TREPONEMA PALLIDUM, CONFIRM	27
86784	TRICHINELLA ANTIBODY	25
86787	VARICELLA-ZOSTER ANTIBODY	26
86790	VIRUS ANTIBODY NOS	26
86793	YERSINIA ANTIBODY	27
86800	THYROGLOBULIN ANTIBODY	32
86803	HEPATITIS C AB TEST	29
86804	HEP C AB TEST, CONFIRM	31
86805	LYMPHOCYTOTOXICITY ASSAY	106
86806	LYMPHOCYTOTOXICITY ASSAY	96
86807	CYTOTOXIC ANTIBODY SCREENIN	80
86808	CYTOTOXIC ANTIBODY SCREENIN	60
86812	HLA TYPING, A, B, OR C	52
86813	HLA TYPING, A, B, OR C	117
86816	HLA TYPING, DR/DQ	56
86817	HLA TYPING, DR/DQ	130
86821	LYMPHOCYTE CULTURE, MIXED	114
86822	LYMPHOCYTE CULTURE, PRIMED	74
86849	IMMUNOLOGY PROCEDURE	83
86850	RBC ANTIBODY SCREEN	48
86860	RBC ANTIBODY ELUTION	64
86870	RBC ANTIBODY IDENTIFICATION	69
86880	COOMBS TEST, DIRECT	11
86885	COOMBS TEST, INDIRECT, QUAL	12
86886	COOMBS TEST, INDIRECT, TITE	10
86890	AUTOLOGOUS BLOOD PROCESS	256
86891	AUTOLOGOUS BLOOD, OP SALVAG	237
86900	BLOOD TYPING, ABO	6

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
86901	BLOOD TYPING, RH (D)	30
86903	BLOOD TYPING, ANTIGEN SCREE	19
86904	BLOOD TYPING, PATIENT SERUM	19
86905	BLOOD TYPING, RBC ANTIGENS	8
86906	BLOOD TYPING, RH PHENOTYPE	16
86910	BLOOD TYPING, PATERNITY TES	100
86911	BLOOD TYPING, ANTIGEN SYSTE	10
86920	COMPATIBILITY TEST, SPIN	113
86921	COMPATIBILITY TEST, INCUBAT	85
86922	COMPATIBILITY TEST, ANTIGLO	102
86927	PLASMA, FRESH FROZEN	80
86930	FROZEN BLOOD PREP	281
86931	FROZEN BLOOD THAW	208
86932	FROZEN BLOOD FREEZE/THAW	290
86940	HEMOLYSINS/AGGLUTININS, AUT	17
86941	HEMOLYSINS/AGGLUTININS	24
86945	BLOOD PRODUCT/IRRADIATION	34
86950	LEUKACYTE TRANSFUSION	626
86965	POOLING BLOOD PLATELETS	88
86970	RBC PRETREATMENT	146
86971	RBC PRETREATMENT	30
86972	RBC PRETREATMENT	39
86975	RBC PRETREATMENT, SERUM	27
86976	RBC PRETREATMENT, SERUM	179
86977	RBC PRETREATMENT, SERUM	179
86978	RBC PRETREATMENT, SERUM	231
86985	SPLIT BLOOD OR PRODUCTS	63
86999	TRANSFUSION PROCEDURE	17
87001	SMALL ANIMAL INOCULATION	27
87003	SMALL ANIMAL INOCULATION	34
87015	SPECIMEN CONCENTRATION	13
87040	BLOOD CULTURE FOR BACTERIA	21
87045	FECES CULTURE, BACTERIA	19
87046	STOOL CULTR, BACTERIA, EACH	19
87070	CULTURE, BACTERIA, OTHER	17
87071	CULTURE BACTERI AEROBIC OTH	19
87073	CULTURE BACTERIA ANAEROBIC	19
87075	CULTR BACTERIA, EXCEPT BLOO	19
87076	CULTURE ANAEROBE IDENT, EAC	16
87077	CULTURE AEROBIC IDENTIFY	16
87081	CULTURE SCREEN ONLY	13
87084	CULTURE SPECIMEN BY KIT	17
87086	URINE CULTURE/COLONY COUNT	16
87088	URINE BACTERIA CULTURE	16
87101	SKIN FUNGI CULTURE	16
87102	FUNGUS ISOLATION CULTURE	17

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
87103	BLOOD FUNGUS CULTURE	18
87106	FUNGI IDENTIFICATION, YEAST	21
87107	FUNGI IDENTIFICATION, MOLD	21
87109	MYCOPLASMA	31
87110	CHLAMYDIA CULTURE	40
87116	MYCOBACTERIA CULTURE	22
87118	MYCOBACTERIC IDENTIFICATION	22
87140	CULTURE TYPE IMMUNOFLUORESC	11
87143	CULTURE TYPING, GLC/HPLC	25
87147	CULTURE TYPE, IMMUNOLOGIC	10
87149	CULTURE TYPE, NUCLEIC ACID	41
87152	CULTURE TYPE PULSE FIELD GE	11
87158	CULTURE TYPING, ADDED METHO	11
87164	DARK FIELD EXAMINATION	28
87166	DARK FIELD EXAMINATION	23
87168	MACROSCOPIC EXAM ARTHROPOD	9
87169	MACROSCOPIC EXAM PARASITE	9
87172	PINWORM EXAM	9
87176	TISSUE HOMOGENIZATION, CULT	12
87177	OVA AND PARASITES SMEARS	18
87181	MICROBE SUSCEPTIBLE, DIFFUS	10
87184	MICROBE SUSCEPTIBLE, DISK	14
87185	MICROBE SUSCEPTIBLE, ENZYME	10
87186	MICROBE SUSCEPTIBLE, MIC	17
87187	MICROBE SUSCEPTIBLE, MLC	21
87188	MICROBE SUSCEPT, MACROBROTH	13
87190	MICROBE SUSCEPT, MYCOBACTER	11
87197	BACTERICIDAL LEVEL, SERUM	30
87205	SMEAR, GRAM STAIN	9
87206	SMEAR, FLUORESCENT/ACID STA	11
87207	SMEAR, SPECIAL STAIN	31
87209	SMEAR, COMPLEX STAIN	36
87210	SMEAR, WET MOUNT, SALINE/IN	9
87220	TISSUE EXAM FOR FUNGI	9
87230	ASSAY TOXIN OR ANTITOXIN	40
87250	VIRUS INOCULATE, EGGS/ANIMA	40
87252	VIRUS INOCULATION, TISSUE	53
87253	VIRUS INOCULATE TISSUE, ADD	41
87254	VIRUS INOCULATION, SHELL VI	40
87255	GENET VIRUS ISOLATE, HSV	68
87260	ADENOVIRUS AG, IF	24
87265	PERTUSSIS AG, IF	24
87267	ENTEROVIRUS ANTIBODY, DFA	24
87269	GIARDIA AG, IF	24
87270	CHLAMYDIA TRACHOMATIS AG, I	24
87271	CRYPTOSPORIDIUM/GARDIA AG, I	24

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
87272	CRYPTOSPORIDIUM AG, IF	24
87273	HERPES SIMPLEX 2, AG, IF	24
87274	HERPES SIMPLEX 1, AG, IF	24
87275	INFLUENZA B, AG, IF	24
87276	INFLUENZA A, AG, IF	24
87277	LEGIONELLA MICDADEI, AG, IF	24
87278	LEGION PNEUMOPHILIA AG, IF	24
87279	PARAINFLUENZA, AG, IF	24
87280	RESPIRATORY SYNCYTIAL AG, I	24
87281	PNEUMOCYSTIS CARINII, AG, I	24
87283	RUBEOLA, AG, IF	24
87285	TREPONEMA PALLIDUM, AG, IF	24
87290	VARICELLA ZOSTER, AG, IF	24
87299	ANTIBODY DETECTION, NOS, IF	24
87300	AG DETECTION, POLYVAL, IF	24
87301	ADENOVIRUS AG, EIA	24
87320	CHYLM D TRACH AG, EIA	24
87324	CLOSTRIDIUM AG, EIA	24
87327	CRYPTOCOCCUS NEOFORM AG, EI	24
87328	CRYPTOSPORIDIUM AG, EIA	24
87329	GIARDIA AG, EIA	24
87332	CYTOMEGALOVIRUS AG, EIA	24
87335	E COLI 0157 AG, EIA	24
87336	ENTAMOEB HIST DISPR, AG, EI	24
87337	ENTAMOEB HIST GROUP, AG, EI	24
87338	HPYLORI, STOOL, EIA	29
87339	H PYLORI AG, EIA	24
87340	HEPATITIS B SURFACE AG, EIA	21
87341	HEPATITIS B SURFACE, AG, EI	21
87350	HEPATITIS BE AG, EIA	23
87380	HEPATITIS DELTA AG, EIA	33
87385	HISTOPLASMA CAPSUL AG, EIA	24
87390	HIV-1 AG, EIA	36
87391	HIV-2 AG, EIA	36
87400	INFLUENZA A/B, AG, EIA	24
87420	RESP SYNCYTIAL AG, EIA	24
87425	ROTAVIRUS AG, EIA	24
87427	SHIGA-LIKE TOXIN AG, EIA	24
87430	STREP A AG, EIA	24
87449	AG DETECT NOS, EIA, MULT	24
87450	AG DETECT NOS, EIA, SINGLE	19
87451	AG DETECT POLYVAL, EIA, MUL	19
87470	BARTONELLA, DNA, DIR PROBE	41
87471	BARTONELLA, DNA, AMP PROBE	71
87472	BARTONELLA, DNA, QUANT	87
87475	LYME DIS, DNA, DIR PROBE	41

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
87476	LYME DIS, DNA, AMP PROBE	71
87477	LYME DIS, DNA, QUANT	87
87480	CANDIDA, DNA, DIR PROBE	41
87481	CANDIDA, DNA, AMP PROBE	71
87482	CANDIDA, DNA, QUANT	84
87485	CHYLM D PNEUM, DNA, DIR PROB	41
87486	CHYLM D PNEUM, DNA, AMP PROB	71
87487	CHYLM D PNEUM, DNA, QUANT	87
87490	CHYLM D TRACH, DNA, DIR PROB	41
87491	CHYLM D TRACH, DNA, AMP PROB	71
87492	CHYLM D TRACH, DNA, QUANT	71
87495	CYTOMEG, DNA, DIR PROBE	41
87496	CYTOMEG, DNA, AMP PROBE	71
87497	CYTOMEG, DNA, QUANT	87
87510	GARDNER VAG, DNA, DIR PROBE	41
87511	GARDNER VAG, DNA, AMP PROBE	71
87512	GARDNER VAG, DNA, QUANT	84
87515	HEPATITIS B, DNA, DIR PROBE	41
87516	HEPATITIS B, DNA, AMP PROBE	71
87517	HEPATITIS B, DNA, QUANT	87
87520	HEPATITIS C, RNA, DIR PROBE	41
87521	HEPATITIS C, RNA, AMP PROBE	71
87522	HEPATITIS C, RNA, QUANT	87
87525	HEPATITIS G, DNA, DIR PROBE	41
87526	HEPATITIS G, DNA, AMP PROBE	71
87527	HEPATITIS G, DNA, QUANT	84
87528	HSV, DNA, DIR PROBE	41
87529	HSV, DNA, AMP PROBE	71
87530	HSV, DNA, QUANT	87
87531	HHV-6, DNA, DIR PROBE	41
87532	HHV-6, DNA, AMP PROBE	71
87533	HHV-6, DNA, QUANT	84
87534	HIV-1, DNA, DIR PROBE	41
87535	HIV-1, DNA, AMP PROBE	71
87536	HIV-1, DNA, QUANT	172
87537	HIV-2, DNA, DIR PROBE	41
87538	HIV-2, DNA, AMP PROBE	71
87539	HIV-2, DNA, QUANT	87
87540	LEGION PNEUMO, DNA, DIR PRO	41
87541	LEGION PNEUMO, DNA, AMP PRO	71
87542	LEGION PNEUMO, DNA, QUANT	84
87550	MYCOBACTERIA, DNA, DIR PROB	41
87551	MYCOBACTERIA, DNA, AMP PROB	71
87552	MYCOBACTERIA, DNA, QUANT	87
87555	M.TUBERCULO, DNA, DIR PROBE	41
87556	M.TUBERCULO, DNA, AMP PROBE	71

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
87557	M.TUBERCULO, DNA, QUANT	87
87560	M.AVIUM-INTRA, DNA, DIR PRO	41
87561	M.AVIUM-INTRA, DNA, AMP PRO	71
87562	M.AVIUM-INTRA, DNA, QUANT	87
87580	M.PNEUMON, DNA, DIR PROBE	41
87581	M.PNEUMON, DNA, AMP PROBE	71
87582	M.PNEUMON, DNA, QUANT	84
87590	N.GONORRHOEAE, DNA, DIR PRO	41
87591	N.GONORRHOEAE, DNA, AMP PRO	71
87592	N.GONORRHOEAE, DNA, QUANT	87
87620	HPV, DNA, DIR PROBE	41
87621	HPV, DNA, AMP PROBE	71
87622	HPV, DNA, QUANT	84
87650	STREP A, DNA, DIR PROBE	41
87651	STREP A, DNA, AMP PROBE	71
87652	STREP A, DNA, QUANT	84
87660	TRICHOMONAS VAGIN, DIR PROB	41
87797	DETECT AGENT NOS, DNA, DIR	41
87798	DETECT AGENT NOS, DNA, AMP	71
87799	DETECT AGENT NOS, DNA, QUAN	87
87800	DETECT AGNT MULT, DNA, DIRE	81
87801	DETECT AGNT MULT, DNA, AMPL	142
87802	STREP B ASSAY W/OPTIC	24
87803	CLOSTRIDIUM TOXIN A W/OPTIC	24
87804	INFLUENZA ASSAY W/OPTIC	24
87807	RSV ASSAY W/OPTIC	24
87810	CHYLM D TRACH ASSAY W/OPTIC	24
87850	N. GONORRHOEAE ASSAY W/OPTI	24
87880	STREP A ASSAY W/OPTIC	24
87899	AGENT NOS ASSAY W/OPTIC	24
87900	PHENOTYPE, INFECT AGENT DRU	263
87901	GENOTYPE, DNA, HIV REVERSE	520
87902	GENOTYPE, DNA, HEPATITIS C	520
87903	PHENOTYPE, DNA HIV W/CULTUR	988
87904	PHENOTYPE, DNA HIV W/CLT AD	53
87999	MICROBIOLOGY PROCEDURE	10
88000	AUTOPSY (NECROPSY), GROSS	965
88005	AUTOPSY (NECROPSY), GROSS	1,085
88007	AUTOPSY (NECROPSY), GROSS	1,205
88012	AUTOPSY (NECROPSY), GROSS	1,011
88014	AUTOPSY (NECROPSY), GROSS	1,011
88016	AUTOPSY (NECROPSY), GROSS	997
88020	AUTOPSY (NECROPSY), COMPLET	1,247
88025	AUTOPSY (NECROPSY), COMPLET	1,371
88027	AUTOPSY (NECROPSY), COMPLET	1,496
88028	AUTOPSY (NECROPSY), COMPLET	1,296

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
88029	AUTOPSY (NECROPSY), COMPLET	1,296
88036	LIMITED AUTOPSY	1,073
88037	LIMITED AUTOPSY	872
88040	FORENSIC AUTOPSY (NECROPSY)	3,240
88104	CYTOPATHOLOGY, FLUIDS	85
88106	CYTOPATHOLOGY, FLUIDS	116
88107	CYTOPATHOLOGY, FLUIDS	139
88108	CYTOPATH, CONCENTRATE TECH	107
88112	CYTOPATH, CELL ENHANCE TECH	188
88125	FORENSIC CYTOPATHOLOGY	32
88130	SEX CHROMATIN IDENTIFICATIO	30
88140	SEX CHROMATIN IDENTIFICATIO	16
88141	CYTOPATH, C/V, INTERPRET	33
88142	CYTOPATH, C/V, THIN LAYER	41
88143	CYTOPATH C/V THIN LAYER RED	41
88147	CYTOPATH, C/V, AUTOMATED	23
88148	CYTOPATH, C/V, AUTO RESCREE	31
88150	CYTOPATH, C/V, MANUAL	21
88152	CYTOPATH, C/V, AUTO REDO	21
88153	CYTOPATH, C/V, REDO	21
88154	CYTOPATH, C/V, SELECT	21
88155	CYTOPATH, C/V, INDEX, ADD-O	12
88160	CYTOPATH SMEAR, OTHER SOURC	81
88161	CYTOPATH SMEAR, OTHER SOURC	87
88162	CYTOPATH SMEAR, OTHER SOURC	107
88164	CYTOPATH TBS, C/V, MANUAL	21
88165	CYTOPATH TBS, C/V, REDO	21
88166	CYTOPATH TBS, C/V, AUTO RED	21
88167	CYTOPATH TBS, C/V, SELECT	21
88172	CYTOPATHOLOGY EVAL FNA	80
88173	CYTOPATH EVAL, FNA, REPORT	212
88174	CYTOPATH, C/V AUTO, IN FLUI	43
88175	CYTOPATH C/V AUTO FLUID RED	54
88182	CELL MARKER STUDY	168
88184	FLOW CYTOMETRY/ TC, 1 MARKE	82
88185	FLOW CYTOMETRY/TC, ADD-ON	40
88187	FLOW CYTOMETRY/READ, 2-8	103
88188	FLOW CYTOMETRY/READ, 9-15	129
88189	FLOW CYTOMETRY/READ, 16 & >	170
88199	CYTOPATHOLOGY PROCEDURE	83
88230	TISSUE CULTURE, LYMPHOCYTE	235
88233	TISSUE CULTURE, SKIN/BIOPSY	284
88235	TISSUE CULTURE, PLACENTA	298
88237	TISSUE CULTURE, BONE MARROW	255
88239	TISSUE CULTURE, TUMOR	298
88240	CELL CRYOPRESERVE/STORAGE	20

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
88241	FROZEN CELL PREPARATION	20
88245	CHROMOSOME ANALYSIS, 20-25	301
88248	CHROMOSOME ANALYSIS, 50-100	350
88249	CHROMOSOME ANALYSIS, 100	350
88261	CHROMOSOME ANALYSIS, 5	357
88262	CHROMOSOME ANALYSIS, 15-20	252
88263	CHROMOSOME ANALYSIS, 45	304
88264	CHROMOSOME ANALYSIS, 20-25	252
88267	CHROMOSOME ANALYS, PLACENTA	363
88269	CHROMOSOME ANALYS, AMNIOTIC	336
88271	CYTOGENETICS, DNA PROBE	43
88272	CYTOGENETICS, 3-5	54
88273	CYTOGENETICS, 10-30	65
88274	CYTOGENETICS, 25-99	70
88275	CYTOGENETICS, 100-300	81
88280	CHROMOSOME KARYOTYPE STUDY	51
88283	CHROMOSOME BANDING STUDY	139
88285	CHROMOSOME COUNT, ADDITIONA	38
88289	CHROMOSOME STUDY, ADDITIONA	70
88291	CYTO/MOLECULAR REPORT	40
88299	CYTOGENETIC STUDY	20
88300	SURGICAL PATH, GROSS	33
88302	TISSUE EXAM BY PATHOLOGIST	72
88304	TISSUE EXAM BY PATHOLOGIST	95
88305	TISSUE EXAM BY PATHOLOGIST	162
88307	TISSUE EXAM BY PATHOLOGIST	288
88309	TISSUE EXAM BY PATHOLOGIST	403
88311	DECALCIFY TISSUE	28
88312	SPECIAL STAINS	125
88313	SPECIAL STAINS	91
88314	HISTOCHEMICAL STAIN	154
88318	CHEMICAL HISTOCHEMISTRY	126
88319	ENZYME HISTOCHEMISTRY	241
88321	MICROSLIDE CONSULTATION	109
88323	MICROSLIDE CONSULTATION	187
88325	COMPREHENSIVE REVIEW DATA	184
88329	PATH CONSULT INTRAOP	56
88331	PATH CONSULT INTRAOP, 1 BLO	137
88332	PATH CONSULT INTRAOP,, ADD-	63
88333	INTRAOP CYTO PATH CONSULT,	137
88334	INTRAOP CYTO PATH CONSULT,	71
88342	IMMUNOHISTOCHEMISTRY	139
88346	IMMUNOFLUORESCENT STUDY	146
88347	IMMUNOFLUORESCENT STUDY	127
88348	ELECTRON MICROSCOPY	665
88349	SCANNING ELECTRON MICROSCOP	265

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
88355	ANALYSIS, SKELETAL MUSCLE	648
88356	ANALYSIS, NERVE	433
88358	ANALYSIS, TUMOR	113
88360	TUMOR IMMUNOHISTOCHEM/MANUA	171
88361	TUMOR IMMUNOHISTOCHEM/COMPU	260
88362	NERVE TEASING PREPARATIONS	416
88365	INSITU HYBRIDIZATION (FISH)	199
88367	INSITU HYBRIDIZATION, AUTO	326
88368	INSITU HYBRIDIZATION, MANUA	231
88371	PROTEIN, WESTERN BLOT TISSU	29
88372	PROTEIN ANALYSIS W/PROBE	31
88385	EVAL MOLECUL PROBES, 51-25	524
88386	EVAL MOLECUL PROBES, 251-50	544
88399	SURGICAL PATHOLOGY PROCEDUR	83
88400	BILIRUBIN TOTAL TRANSCUT	10
89049	CHCT FOR MAL HYPERTHERMIA	97
89050	BODY FLUID CELL COUNT	10
89051	BODY FLUID CELL COUNT	11
89055	LEUKOCYTE ASSESSMENT, FECAL	9
89060	EXAM,SYNOVIAL FLUID CRYSTAL	31
89100	SAMPLE INTESTINAL CONTENTS	48
89105	SAMPLE INTESTINAL CONTENTS	39
89125	SPECIMEN FAT STAIN	9
89130	SAMPLE STOMACH CONTENTS	34
89132	SAMPLE STOMACH CONTENTS	15
89135	SAMPLE STOMACH CONTENTS	61
89136	SAMPLE STOMACH CONTENTS	18
89140	SAMPLE STOMACH CONTENTS	71
89141	SAMPLE STOMACH CONTENTS	69
89160	EXAM FECES FOR MEAT FIBERS	7
89190	NASAL SMEAR FOR EOSINOPHILS	10
89220	SPUTUM SPECIMEN COLLECTION	27
89225	STARCH GRANULES, FECES	7
89230	COLLECT SWEAT FOR TEST	8
89235	WATER LOAD TEST	11
89250	CULTR OOCYTE/EMBRYO <4 DAYS	1,681
89251	CULTR OOCYTE/EMBRYO <4 DAYS	2,155
89253	EMBRYO HATCHING	883
89254	OOCYTE IDENTIFICATION	532
89255	PREPARE EMBRYO FOR TRANSFER	337
89258	CRYOPRESERVATION; EMBRYO(S)	913
89259	CRYOPRESERVATION, SPERM	265
89260	SPERM ISOLATION, SIMPLE	132
89261	SPERM ISOLATION, COMPLEX	168
89264	IDENTIFY SPERM TISSUE	90
89300	SEMEN ANALYSIS W/HUHNER	18

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
89310	SEMEN ANALYSIS W/COUNT	17
89320	SEMEN ANALYSIS, COMPLETE	24
89321	SEMEN ANALYSIS & MOTILITY	24
89325	SPERM ANTIBODY TEST	22
89329	SPERM EVALUATION TEST	42
89330	EVALUATION, CERVICAL MUCUS	20
90281	HUMAN IG, IM	55
90283	HUMAN IG, IV	130
90296	DIPHTHERIA ANTITOXIN	63
90371	HEP B IG, IM	168
90375	RABIES IG, IM/SC	90
90376	RABIES IG, HEAT TREATED	97
90378	RSV IG, IM, 50MG	1,446
90379	RSV IG, IV	23
90384	RH IG, FULL-DOSE, IM	212
90385	RH IG, MINIDOSE, IM	7
90386	RH IG, IV	63
90389	TETANUS IG, IM	160
90393	VACCINA IG, IM	63
90396	VARICELLA-ZOSTER IG, IM	155
90465	IMMUNE ADMIN 1 INJECT, < 8	29
90466	IMMUNE ADMIN ADDED INJECT,	17
90467	IMMUNE ADMIN O OR N, < 8 YR	15
90468	IMMUNE ADMIN O/N, ADDL < 8	12
90471	IMMUNIZATION ADMIN	29
90472	IMMUNIZATION ADMIN, EACH AD	17
90473	IMMUNE ADMIN ORAL/NASAL	14
90474	IMMUNE ADMIN ORAL/NASAL ADD	12
90476	ADENOVIRUS VACCINE, TYPE 4	63
90477	ADENOVIRUS VACCINE, TYPE 7	63
90581	ANTHRAX VACCINE, SC	63
90585	BCG VACCINE, PERCUT	163
90586	BCG VACCINE, INTRAVESICAL	156
90632	HEP A VACCINE, ADULT IM	66
90633	HEP A VACC, PED/ADOL, 2 DOS	33
90634	HEP A VACC, PED/ADOL, 3 DOS	33
90636	HEP A/HEP B VACC, ADULT IM	163
90645	HIB VACCINE, HBOC, IM	30
90646	HIB VACCINE, PRP-D, IM	58
90647	HIB VACCINE, PRP-OMP, IM	30
90648	HIB VACCINE, PRP-T, IM	30
90655	FLU VACCINE NO PRESERV 6-35	21
90656	FLU VACCINE NO PRESERV 3 &	22
90657	FLU VACCINE, 6-35 MO, IM	8
90658	FLU VACCINE AGE 3 & OVER, I	17
90660	FLU VACCINE, NASAL	30

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
90665	LYME DISEASE VACCINE, IM	130
90669	PNEUMOCOCCAL VACC, PED <5	139
90675	RABIES VACCINE, IM	219
90676	RABIES VACCINE, ID	177
90680	ROTOVIRUS VACC 3 DOSE, ORAL	124
90690	TYPHOID VACCINE, ORAL	77
90691	TYPHOID VACCINE, IM	71
90692	TYPHOID VACCINE, H-P, SC/ID	69
90693	TYPHOID VACCINE, AKD, SC	63
90698	DTAP-HIB-IP VACCINE, IM	61
90700	DTAP VACCINE, < 7 YRS, IM	33
90701	DTP VACCINE, IM	58
90702	DT VACCINE < 7, IM	26
90703	TETANUS VACCINE, IM	26
90704	MUMPS VACCINE, SC	27
90705	MEASLES VACCINE, SC	20
90706	RUBELLA VACCINE, SC	23
90707	MMR VACCINE, SC	54
90708	MEASLES-RUBELLA VACCINE, SC	98
90710	MMRV VACCINE, SC	93
90712	ORAL POLIOVIRUS VACCINE	44
90713	POLIOVIRUS, IPV, SC/IM	35
90714	TD VACCINE NO PRSRV >= 7 I	26
90715	TDAP VACCINE >7 IM	61
90716	CHICKEN POX VACCINE, SC	94
90717	YELLOW FEVER VACCINE, SC	76
90718	TD VACCINE > 7, IM	26
90719	DIPHThERIA VACCINE, IM	43
90720	DTP/HIB VACCINE, IM	40
90721	DTAP/HIB VACCINE, IM	58
90723	DTAP-HEP B-IPV VACCINE, IM	29
90725	CHOLERA VACCINE, INJECTABLE	50
90727	PLAGUE VACCINE, IM	51
90732	PNEUMOCOCCAL VACCINE	38
90733	MENINGOCOCCAL VACCINE, SC	118
90734	MENINGOCOCCAL VACCINE, IM	61
90735	ENCEPHALITIS VACCINE, SC	140
90740	HEP B VACC, ILL PAT 3 DOSE	159
90743	HEP B VACC, ADOL, 2 DOSE, I	85
90744	HEP B VACC PED/ADOL 3 DOSE	96
90746	HEP B VACCINE, ADULT, IM	85
90747	HEP B VACC, ILL PAT 4 DOSE	159
90748	HEP B/HIB VACCINE, IM	110
90760	HYDRATION IV INFUSION, INIT	101
90761	HYDRATE IV INFUSION, ADD-ON	32
90765	THER/PROPH/DIAG IV INF, INI	123

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
90766	THER/PROPH/DG IV INF, ADD-O	40
90767	TX/PROPH/DG ADDED SEQ IV IN	67
90768	THER/DIAG CONCURRENT INF	38
90772	THER/PROPH/DIAG INJECT, SC/	29
90773	THER/PROPH/DIAG INJECT, IA	29
90774	THER/PROPH/DIAG INJECT, IV	92
90775	THER/PROPH/DIAG INJECT, ADD	43
90801	PSYCH DIAG INTERVIEW	215
90802	INTERACT PSYCH DIAG INTERVI	230
90804	PSYCH, OFFICE, 20-30 MIN	92
90805	PSYCH, OFFICE, 20-30 MIN W/	103
90806	PSYCH, OFFICE, 45-50 MIN	142
90807	PSYCH, OFFICE, 45-50 MIN W/	153
90808	PSYCH, OFFICE, 75-80 MIN	212
90809	PSYCH, OFFICE, 75-80, W/E&M	223
90810	INTERACT PSYCH, OFFICE, 20-N	101
90811	INTERACT PSYCH, 20-30, W/E&	112
90812	INTERACT PSYCH, OFFICE, 45-N	150
90813	INTERACT PSYCH, 45-50 MIN W	161
90814	INTERACT PSYCH, OFFICE, 75-N	223
90815	INTERACT PSYCH, 75-80 W/E&M	231
90816	PSYCH, HOSP, 20-30 MIN	99
90817	PSYCH, HOSP, 20-30 MIN W/E&	108
90818	PSYCH, HOSP, 45-50 MIN	149
90819	PSYCH, HOSP, 45-50 MIN W/E&	156
90821	PSYCH, HOSP, 75-80 MIN	221
90822	PSYCH, HOSP, 75-80 MIN W/E&	227
90823	INTERACT PSYCH, HOSP, 20-30	106
90824	INTERACT PSYCH, HOSP, 20-30M	116
90826	INTERACT PSYCH, HOSP, 45-50	158
90827	INTERACT PSYCH, HOSP, 45-50M	164
90828	INTERACT PSYCH, HOSP, 75-80	230
90829	INTERACT PSYCH, HOSP, 75-80M	235
90845	PSYCHOANALYSIS	135
90846	FAMILY PSYTX W/O PATIENT	143
90847	FAMILY PSYTX W/PATIENT	171
90849	MULTIPLE FAMILY GROUP PSYTX	48
90853	GROUP PSYCHOTHERAPY	47
90857	INTERACT GROUP PSYCH	51
90862	MEDICATION MANAGEMENT	73
90865	NARCOSYNTHESIS	219
90870	ELECTROCONVULSIVE THERAPY	142
90875	PSYCHOPHYSIOLOGICAL THERAPY	169
90876	PSYCHOPHYSIOLOGICAL THERAPY	207
90880	HYPNOTHERAPY	166
90882	ENVIRONMENTAL MANIPULATION	80

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
90885	PSYCH EVALUATION RECORDS	105
90887	CONSULTATION WITH FAMILY	151
90889	PREPARE REPORT	55
90899	PSYCHIATRIC SERVICE/THERAPY	232
90901	BIOFEEDBACK TRAIN, ANY METH	32
90911	BIOFEEDBACK PERI/URO/RECTAL	71
90918	ESRD RELATED SERVICES, MONT	1,666
90919	ESRD RELATED SERVICES, MONT	1,310
90920	ESRD RELATED SERVICES, MONT	1,318
90921	ESRD RELATED SERVICES, MONT	725
90922	ESRD RELATED SERVICES, DAY	48
90923	ESRD RELATED SERVICES, DAY	44
90924	ESRD RELATED SERVICES, DAY	49
90925	ESRD RELATED SERVICES, DAY	25
90935	HEMODIALYSIS, ONE EVALUATIO	110
90937	HEMODIALYSIS, REPEATED EVAL	180
90945	DIALYSIS, ONE EVALUATION	115
90947	DIALYSIS, REPEATED EVAL	184
90989	DIALYSIS TRAINING, COMPLETE	928
90993	DIALYSIS TRAINING, INCOMPL	182
90997	HEMOPERFUSION	145
91000	ESOPHAGEAL INTUBATION	63
91010	ESOPHAGUS MOTILITY STUDY	346
91011	ESOPHAGUS MOTILITY STUDY	411
91012	ESOPHAGUS MOTILITY STUDY	441
91020	GASTRIC MOTILITY STUDIES	364
91022	DUODENAL MOTILITY STUDY	357
91030	ACID PERFUSE ESOPHAGUS	203
91034	GASTROESOPHAGEAL REFLUX TES	382
91035	G-ESOPH REFLEX TEST W/ELECT	758
91037	ESOPH IMPED FUNCTION TEST	240
91038	ESOPH IMPED FUNCTION TEST >	204
91040	ESOPH BALLOON DISTENSION TE	744
91052	GASTRIC ANALYSIS TEST	197
91055	GASTRIC INTUBATION FOR SMEA	236
91060	GASTRIC SALINE LOAD TEST	148
91065	BREATH HYDROGEN TEST	102
91100	PASS INTESTINE BLEEDING TUB	80
91105	GASTRIC INTUBATION TREATMEN	27
91110	GI TRACT CAPSULE ENDOSCOPY	1,573
91120	RECTAL SENSATION TEST	734
91122	ANAL PRESSURE RECORD	422
91132	ELECTROGASTROGRAPHY	41
91133	ELECTROGASTROGRAPHY W/TEST	52
91299	GASTROENTEROLOGY PROCEDURE	241
92002	EYE EXAM, NEW PATIENT	70

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
92004	EYE EXAM, NEW PATIENT	136
92012	EYE EXAM ESTABLISHED PAT	56
92014	EYE EXAM & TREATMENT	91
92015	REFRACTION	123
92018	NEW EYE EXAM & TREATMENT	207
92019	EYE EXAM & TREATMENT	108
92020	SPECIAL EYE EVALUATION	31
92060	SPECIAL EYE EVALUATION	84
92065	ORTHOPTIC/PLEOPTIC TRAINING	54
92070	FIT CONTACT LENS	59
92081	VISUAL FIELD EXAMINATION(S)	79
92082	VISUAL FIELD EXAMINATION(S)	101
92083	VISUAL FIELD EXAMINATION(S)	116
92100	SERIAL TONOMETRY EXAM(S)	74
92120	TONOGRAPHY & EYE EVALUATION	65
92130	WATER PROVOCATION TONOGRAPH	68
92135	OPHTHALMIC DIAG IMAGING	69
92136	OPHTHALMIC BIOMETRY	135
92140	GLAUCOMA PROVOCATIVE TESTS	41
92225	SPECIAL EYE EXAM, INITIAL	31
92226	SPECIAL EYE EXAM, SUBSEQUEN	27
92230	EYE EXAM WITH PHOTOS	46
92235	EYE EXAM WITH PHOTOS	209
92240	ICG ANGIOGRAPHY	441
92250	EYE EXAM WITH PHOTOS	119
92260	OPHTHALMOSCOPY/DYNAMOMETRY	17
92265	EYE MUSCLE EVALUATION	139
92270	ELECTRO-OCULOGRAPHY	141
92275	ELECTRORETINOGRAPHY	177
92283	COLOR VISION EXAMINATION	62
92284	DARK ADAPTATION EYE EXAM	130
92285	EYE PHOTOGRAPHY	73
92286	INTERNAL EYE PHOTOGRAPHY	226
92287	INTERNAL EYE PHOTOGRAPHY	65
92310	CONTACT LENS FITTING	151
92311	CONTACT LENS FITTING	83
92312	CONTACT LENS FITTING	102
92313	CONTACT LENS FITTING	70
92314	PRESCRIBE CONTACT LENS	138
92315	PRESCRIBE CONTACT LENS	35
92316	PRESCRIBE CONTACT LENS	56
92317	PRESCRIBE CONTACT LENS	35
92325	MODIFY CONTACT LENS	25
92326	REPLACE CONTACT LENS	103
92340	FIT SPECTACLES	69
92341	FIT SPECTACLES	79

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
92342	FIT SPECTACLES	173
92352	SPECIAL SPECTACLES FITTING	92
92353	SPECIAL SPECTACLES FITTING	107
92354	SPECIAL SPECTACLES FITTING	467
92355	SPECIAL SPECTACLES FITTING	226
92358	EYE PROSTHESIS SERVICE	53
92370	REPAIR & ADJUST SPECTACLES	169
92371	REPAIR & ADJUST SPECTACLES	34
92499	EYE SERVICE OR PROCEDURE	172
92502	EAR AND THROAT EXAMINATION	154
92504	EAR MICROSCOPY EXAMINATION	16
92506	SPEECH/HEARING EVALUATION	74
92507	SPEECH/HEARING THERAPY	44
92508	SPEECH/HEARING THERAPY	22
92511	NASOPHARYNGOSCOPY	96
92512	NASAL FUNCTION STUDIES	42
92516	FACIAL NERVE FUNCTION TEST	38
92520	LARYNGEAL FUNCTION STUDIES	67
92526	ORAL FUNCTION THERAPY	44
92531	SPONTANEOUS NYSTAGMUS STUDY	85
92532	POSITIONAL NYSTAGMUS TEST	70
92533	CALORIC VESTIBULAR TEST	79
92534	OPTOKINETIC NYSTAGMUS TEST	51
92541	SPONTANEOUS NYSTAGMUS TEST	87
92542	POSITIONAL NYSTAGMUS TEST	90
92543	CALORIC VESTIBULAR TEST	41
92544	OPTOKINETIC NYSTAGMUS TEST	71
92545	OSCILLATING TRACKING TEST	63
92546	SINUSOIDAL ROTATIONAL TEST	140
92547	SUPPLEMENTAL ELECTRICAL TES	8
92548	POSTUROGRAPHY	174
92551	PURE TONE HEARING TEST, AIR	41
92552	PURE TONE AUDIOMETRY, AIR	29
92553	AUDIOMETRY, AIR & BONE	44
92555	SPEECH THRESHOLD AUDIOMETRY	25
92556	SPEECH AUDIOMETRY, COMPLETE	38
92557	COMPREHENSIVE HEARING TEST	79
92559	GROUP AUDIOMETRIC TESTING	80
92560	BEKESY AUDIOMETRY, SCREEN	41
92561	BEKESY AUDIOMETRY, DIAGNOSI	47
92562	LOUDNESS BALANCE TEST	27
92563	TONE DECAY HEARING TEST	25
92564	SISI HEARING TEST	31
92565	STENGER TEST, PURE TONE	27
92567	TYMPANOMETRY	35
92568	ACOUSTIC REFLEX THRESHOLD T	25

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
92569	ACOUSTIC REFLEX DECAY TEST	27
92571	FILTERED SPEECH HEARING TES	26
92572	STAGGERED SPONDAIC WORD TES	6
92573	LOMBARD TEST	23
92575	SENSORINEURAL ACUITY TEST	19
92576	SYNTHETIC SENTENCE TEST	30
92577	STENGER TEST, SPEECH	48
92579	VISUAL AUDIOMETRY (VRA)	48
92582	CONDITIONING PLAY AUDIOMETR	48
92583	SELECT PICTURE AUDIOMETRY	59
92584	ELECTROCOCHLEOGRAPHY	163
92585	AUDITOR EVOKE POTENT, COMPR	163
92586	AUDITOR EVOKE POTENT, LIMIT	121
92587	EVOKED AUDITORY TEST	97
92588	EVOKED AUDITORY TEST	127
92590	HEARING AID EXAM, ONE EAR	148
92591	HEARING AID EXAM, BOTH EARS	206
92592	HEARING AID CHECK, ONE EAR	54
92593	HEARING AID CHECK, BOTH EAR	89
92594	ELECTRO HEARNG AID TEST, ON	50
92595	ELECTRO HEARNG AID TST, BOT	82
92596	EAR PROTECTOR EVALUATION	39
92597	ORAL SPEECH DEVICE EVAL	77
92601	COCHLEAR IMPLANT F/UP EXAM	219
92602	REPROGRAM COCHLEAR IMPLANT	150
92603	COCHLEAR IMPLANT F/UP EXAM	135
92604	REPROGRAM COCHLEAR IMPLANT	86
92607	EX FOR SPEECH DEVICE RX, 1H	192
92608	EX FOR SPEECH DEVICE RX, AD	36
92609	USE OF SPEECH DEVICE SERVIC	100
92610	EVALUATE SWALLOWING FUNCTIO	215
92611	MOTION FLUOROSCOPY/SWALLOW	215
92612	ENDOSCOPY SWALLOW TEST (FEE	113
92613	ENDOSCOPY SWALLOW TEST (FEE	66
92614	LARYNGOSCOPIC SENSORY TEST	113
92615	EVAL LARYNGOSCOPY SENSE TES	59
92616	FEES W/LARYNGEAL SENSE TEST	168
92617	INTERPRET FEES/LARYNGEAL TE	73
92620	AUDITORY FUNCTION, 60 MIN	73
92621	AUDITORY FUNCTION, + 15 MIN	18
92625	TINNITUS ASSESSMENT	72
92626	EVAL AUD REHAB STATUS	138
92627	EVAL AUD STATUS REHAB, ADD-	35
92950	HEART/LUNG RESUSCITATION CP	283
92953	TEMPORARY EXTERNAL PACING	18
92960	CARDIOVERSION ELECTRIC, EXT	200

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
92961	CARDIOVERSION, ELECTRIC, IN	396
92970	CARDIOASSIST, INTERNAL	267
92971	CARDIOASSIST, EXTERNAL	153
92973	PERCUT CORONARY THROMBECTOM	272
92974	CATH PLACE, CARDIO BRACHYTX	249
92975	DISSOLVE CLOT, HEART VESSEL	598
92977	DISSOLVE CLOT, HEART VESSEL	518
92978	INTRAVASC US, HEART, ADD-ON	438
92979	INTRAVASC US, HEART, ADD-ON	265
92980	INSERT INTRACORONARY STENT	1,243
92981	INSERT INTRACORONARY STENT	344
92982	CORONARY ARTERY DILATION	922
92984	CORONARY ARTERY DILATION	246
92986	REVISE AORTIC VALVE	2,006
92987	REVISE MITRAL VALVE	2,084
92990	REVISE PULMONARY VALVE	1,619
92992	REVISE HEART CHAMBER	8,987
92993	REVISE HEART CHAMBER	6,060
92995	CORONARY ATHERECTOMY	1,014
92996	CORONARY ATHERECTOMY, ADD-O	263
92997	PULM ART BALLOON REPAIR, PE	978
92998	PULM ART BALLOON REPAIR, PE	481
93000	ELECTROCARDIOGRAM, COMPLETE	42
93005	ELECTROCARDIOGRAM, TRACING	29
93010	ELECTROCARDIOGRAM REPORT	14
93012	TRANSMIT ECG	379
93014	REPORT ON TRANSMITTED ECG	41
93015	CARDIOVASCULAR STRESS TEST	169
93016	CARDIOVASCULAR STRESS TEST	36
93017	CARDIOVASCULAR STRESS TEST	109
93018	CARDIOVASCULAR STRESS TEST	24
93024	CARDIAC DRUG STRESS TEST	167
93025	MICROVOLT T-WAVE ASSESS	515
93040	RHYTHM ECG WITH REPORT	22
93041	RHYTHM ECG, TRACING	10
93042	RHYTHM ECG, REPORT	12
93224	ECG MONITOR/REPORT, 24 HRS	263
93225	ECG MONITOR/RECORD, 24 HRS	80
93226	ECG MONITOR/REPORT, 24 HRS	141
93227	ECG MONITOR/REVIEW, 24 HRS	41
93230	ECG MONITOR/REPORT, 24 HRS	281
93231	ECG MONITOR/RECORD, 24 HRS	99
93232	ECG MONITOR/REPORT, 24 HRS	141
93233	ECG MONITOR/REVIEW, 24 HRS	41
93235	ECG MONITOR/REPORT, 24 HRS	204
93236	ECG MONITOR/REPORT, 24 HRS	168

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
93237	ECG MONITOR/REVIEW, 24 HRS	36
93268	ECG RECORD/REVIEW	500
93270	ECG RECORDING	80
93271	ECG/MONITORING AND ANALYSIS	379
93272	ECG/REVIEW, INTERPRET ONLY	41
93278	ECG/SIGNAL-AVERAGED	97
93303	ECHO TRANSTHORACIC	352
93304	ECHO TRANSTHORACIC	186
93307	ECHO EXAM HEART	323
93308	ECHO EXAM HEART	169
93312	ECHO TRANSESOPHAGEAL	421
93313	ECHO TRANSESOPHAGEAL	68
93314	ECHO TRANSESOPHAGEAL	347
93315	ECHO TRANSESOPHAGEAL	220
93316	ECHO TRANSESOPHAGEAL	70
93317	ECHO TRANSESOPHAGEAL	146
93318	ECHO TRANSESOPHAGEAL INTRAO	158
93320	DOPPLER ECHO EXAM, HEART	142
93321	DOPPLER ECHO EXAM, HEART	85
93325	DOPPLER COLOR FLOW, ADD-ON	195
93350	ECHO TRANSTHORACIC	234
93501	RIGHT HEART CATHETERIZATION	1,341
93503	INSERT/PLACE HEART CATHETER	213
93505	BIOPSY HEART LINING	490
93508	CATH PLACE ANGIOGRAPHY	1,176
93510	LEFT HEART CATHETERIZATION	2,777
93511	LEFT HEART CATHETERIZATION	2,771
93514	LEFT HEART CATHETERIZATION	606
93524	LEFT HEART CATHETERIZATION	3,643
93526	RIGHT & LEFT HEART CATHETER	3,649
93527	RIGHT & LEFT HEART CATHETER	3,672
93528	RIGHT & LEFT HEART CATHETER	3,816
93529	RIGHT, LEFT HEART CATH	3,462
93530	RIGHT HEART CATH, CONGENITA	1,459
93531	RIGHT & LEFT HEART CATH, CO	3,834
93532	RIGHT & LEFT HEART CATH, CO	848
93533	RIGHT & LEFT HEART CATH, CO	565
93539	INJECT CARDIAC CATH	32
93540	INJECT CARDIAC CATH	35
93541	INJECTION FOR LUNG ANGIOGRA	23
93542	INJECTION FOR HEART X-RAYS	23
93543	INJECTION FOR HEART X-RAYS	23
93544	INJECTION FOR AORTOGRAPHY	20
93545	INJECT FOR CORONARY X-RAYS	32
93555	IMAGING, CARDIAC CATH	469
93556	IMAGING, CARDIAC CATH	701

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
93561	CARDIAC OUTPUT MEASUREMENT	73
93562	CARDIAC OUTPUT MEASUREMENT	34
93571	HEART FLOW RESERVE MEASURE	437
93572	HEART FLOW RESERVE MEASURE	112
93580	TRANSCATH CLOSE ASD	1,510
93581	TRANSCATH CLOSE VSD	2,011
93600	BUNDLE OF HIS RECORDING	303
93602	INTRA-ATRIAL RECORDING	248
93603	RIGHT VENTRICULAR RECORDING	284
93609	MAP TACHYCARDIA, ADD-ON	590
93610	INTRA-ATRIAL PACING	338
93612	INTRAVENTRICULAR PACING	355
93613	ELECTROPHYS MAP 3D, ADD-ON	581
93615	ESOPHAGEAL RECORDING	93
93616	ESOPHAGEAL RECORDING	113
93618	HEART RHYTHM PACING	608
93619	ELECTROPHYSIOLOGY EVALUATIO	1,122
93620	ELECTROPHYSIOLOGY EVALUATIO	977
93621	ELECTROPHYSIOLOGY EVALUATIO	174
93622	ELECTROPHYSIOLOGY EVALUATIO	257
93623	STIMULATION, PACING HEART	236
93624	ELECTROPHYSIOLOGIC STUDY	545
93631	HEART PACING, MAPPING	639
93640	EVALUATION HEART DEVICE	752
93641	ELECTROPHYSIOLOGY EVALUATIO	952
93642	ELECTROPHYSIOLOGY EVALUATIO	876
93650	ABLATE HEART DYSRHYTHM FOCU	889
93651	ABLATE HEART DYSRHYTHM FOCU	1,342
93652	ABLATE HEART DYSRHYTHM FOCU	1,460
93660	TILT TABLE EVALUATION	257
93662	INTRACARDIAC ECG (ICE)	227
93668	PERIPHERAL VASCULAR REHAB	1
93701	BIOIMPEDANCE, THORACIC	71
93720	TOTAL BODY PLETHYSMOGRAPHY	60
93721	PLETHYSMOGRAPHY TRACING	47
93722	PLETHYSMOGRAPHY REPORT	13
93724	ANALYZE PACEMAKER SYSTEM	651
93727	ANALYZE ILR SYSTEM	42
93731	ANALYZE PACEMAKER SYSTEM	68
93732	ANALYZE PACEMAKER SYSTEM	107
93733	TELEPHONE ANALYSIS, PACEMAK	62
93734	ANALYZE PACEMAKER SYSTEM	53
93735	ANALYZE PACEMAKER SYSTEM	88
93736	TELEPHONIC ANALYSIS, PACEMA	54
93740	TEMPERATURE GRADIENT STUDIE	34
93741	ANALYZE HT PACE DEVICE SING	108

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
93742	ANALYZE HT PACE DEVICE SING	117
93743	ANALYZE HT PACE DEVICE DUAL	130
93744	ANALYZE HT PACE DEVICE DUAL	139
93760	CEPHALIC THERMOGRAM	81
93762	PERIPHERAL THERMOGRAM	86
93770	MEASURE VENOUS PRESSURE	19
93784	AMBULATORY BP MONITORING	118
93786	AMBULATORY BP RECORDING	56
93788	AMBULATORY BP ANALYSIS	32
93790	REVIEW/REPORT BP RECORDING	29
93797	CARDIAC REHAB	15
93798	CARDIAC REHAB/MONITOR	23
93799	CARDIOVASCULAR PROCEDURE	360
93875	EXTRACRANIAL STUDY	162
93880	EXTRACRANIAL STUDY	395
93882	EXTRACRANIAL STUDY	251
93886	INTRACRANIAL STUDY	489
93888	INTRACRANIAL STUDY	311
93890	TCD, VASOREACTIVITY STUDY	379
93892	TCD, EMBOLI DETECT W/O INJE	403
93893	TCD, EMBOLI DETECT W/INJECT	395
93922	EXTREMITY STUDY	186
93923	EXTREMITY STUDY	286
93924	EXTREMITY STUDY	337
93925	LOWER EXTREMITY STUDY	469
93926	LOWER EXTREMITY STUDY	284
93930	UPPER EXTREMITY STUDY	376
93931	UPPER EXTREMITY STUDY	245
93965	EXTREMITY STUDY	198
93970	EXTREMITY STUDY	383
93971	EXTREMITY STUDY	261
93975	VASCULAR STUDY	597
93976	VASCULAR STUDY	351
93978	VASCULAR STUDY	335
93979	VASCULAR STUDY	235
93980	PENILE VASCULAR STUDY	266
93981	PENILE VASCULAR STUDY	218
93990	DOPPLER FLOW TESTING	272
94010	BREATHING CAPACITY TEST	52
94014	PATIENT RECORDED SPIROMETRY	77
94015	PATIENT RECORDED SPIROMETRY	37
94016	REVIEW PATIENT SPIROMETRY	40
94060	EVALUATE WHEEZING	86
94070	EVALUATE WHEEZING	90
94150	VITAL CAPACITY TEST	44
94200	LUNG FUNCTION TEST (MBC/MVV	35

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
94240	RESIDUAL LUNG CAPACITY	58
94250	EXPIRED GAS COLLECTION	46
94260	THORACIC GAS VOLUME	45
94350	LUNG NITROGEN WASHOUT CURVE	64
94360	MEASURE AIRFLOW RESISTANCE	61
94370	BREATH AIRWAY CLOSING VOLUM	60
94375	RESPIRATORY FLOW VOLUME LOO	55
94400	CO2 BREATHING RESPONSE CURV	78
94450	HYPOXIA RESPONSE CURVE	76
94452	HAST W/REPORT	82
94453	HAST W/OXYGEN TITRATE	117
94620	PULMONARY STRESS TEST/SIMPL	195
94621	PULM STRESS TEST/COMPLEX	222
94640	AIRWAY INHALATION TREATMENT	19
94642	AEROSOL INHALATION TREATMEN	60
94656	INITIAL VENTILATOR MGMT	90
94657	CONTINUED VENTILATOR MGMT	63
94660	POS AIRWAY PRESSURE, CPAP	58
94662	NEG PRESS VENTILATION, CNP	58
94664	EVALUATE PT USE OF INHALER	21
94667	CHEST WALL MANIPULATION	34
94668	CHEST WALL MANIPULATION	29
94680	EXHALED AIR ANALYSIS, O2	133
94681	EXHALED AIR ANALYSIS, O2/CO	173
94690	EXHALED AIR ANALYSIS	129
94720	MONOXIDE DIFFUSING CAPACITY	79
94725	MEMBRANE DIFFUSION CAPACITY	200
94750	PULMONARY COMPLIANCE STUDY	97
94760	MEASURE BLOOD OXYGEN LEVEL	3
94761	MEASURE BLOOD OXYGEN LEVEL	7
94762	MEASURE BLOOD OXYGEN LEVEL	34
94770	EXHALED CARBON DIOXIDE TEST	58
94772	BREATH RECORDING, INFANT	358
94799	PULMONARY SERVICE/PROCEDURE	144
95004	PERCUT ALLERGY SKIN TESTS	7
95010	PERCUT ALLERGY TITRATE TEST	12
95015	ID ALLERGY TITRATE-DRUG/BUG	12
95024	ID ALLERGY TEST, DRUG/BUG	10
95027	ID ALLERGY TITRATE-AIRBORNE	10
95028	ID ALLERGY TEST-DELAYED TYP	15
95044	ALLERGY PATCH TESTS	13
95052	PHOTO PATCH TEST	16
95056	PHOTOSENSITIVITY TESTS	11
95060	EYE ALLERGY TESTS	22
95065	NOSE ALLERGY TEST	13
95070	BRONCHIAL ALLERGY TESTS	141

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
95071	BRONCHIAL ALLERGY TESTS	181
95075	INGESTION CHALLENGE TEST	77
95078	PROVOCATIVE TESTING	16
95115	IMMUNOTHERAPY, ONE INJECTIO	25
95117	IMMUNOTHERAPY INJECTIONS	32
95120	IMMUNOTHERAPY, ONE INJECTIO	60
95125	IMMUNOTHERAPY, MANY ANTIGEN	79
95130	IMMUNOTHERAPY, INSECT VENOM	44
95131	IMMUNOTHERAPY, INSECT VENOM	77
95132	IMMUNOTHERAPY, INSECT VENOM	79
95133	IMMUNOTHERAPY, INSECT VENOM	124
95134	IMMUNOTHERAPY, INSECT VENOM	143
95144	ANTIGEN THERAPY SERVICES	5
95145	ANTIGEN THERAPY SERVICES	5
95146	ANTIGEN THERAPY SERVICES	6
95147	ANTIGEN THERAPY SERVICES	5
95148	ANTIGEN THERAPY SERVICES	6
95149	ANTIGEN THERAPY SERVICES	6
95165	ANTIGEN THERAPY SERVICES	5
95170	ANTIGEN THERAPY SERVICES	6
95180	RAPID DESENSITIZATION	170
95199	ALLERGY IMMUNOLOGY SERVICES	100
95250	GLUCOSE MONITORING, CONT	253
95251	GLUCOSE MONITOR, CONT, PHYS	41
95805	MULTIPLE SLEEP LATENCY TEST	1,187
95806	SLEEP STUDY, UNATTENDED	316
95807	SLEEP STUDY, ATTENDED	846
95808	POLYSOMNOGRAPHY, 1-3	986
95810	POLYSOMNOGRAPHY, 4 OR MORE	1,300
95811	POLYSOMNOGRAPHY W/CPAP	1,420
95812	EEG, 41-60 MINUTES	316
95813	EEG, OVER 1 HOUR	414
95816	EEG, AWAKE AND DROWSY	296
95819	EEG, AWAKE AND ASLEEP	251
95822	EEG, COMA OR SLEEP ONLY	352
95824	EEG, CEREBRAL DEATH ONLY	62
95827	EEG, ALL NIGHT RECORDING	235
95829	SURGERY ELECTROCORTICOGRAM	2,275
95830	INSERT ELECTRODES FOR EEG	144
95831	LIMB MUSCLE TESTING, MANUAL	24
95832	HAND MUSCLE TESTING, MANUAL	24
95833	BODY MUSCLE TESTING, MANUAL	41
95834	BODY MUSCLE TESTING, MANUAL	52
95851	RANGE OF MOTION MEASUREMENT	14
95852	RANGE OF MOTION MEASUREMENT	10
95857	TENSILON TEST	44

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED ITEMIZED CHARGES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
95860	MUSCLE TEST, ONE LIMB	144
95861	MUSCLE TEST, 2 LIMBS	178
95863	MUSCLE TEST, 3 LIMBS	218
95864	MUSCLE TEST, 4 LIMBS	284
95865	MUSCLE TEST, LARYNX	181
95866	MUSCLE TEST, HEMIDIAPHRAGM	121
95867	MUSCLE TEST CRANIAL NERVE U	104
95868	MUSCLE TEST CRANIAL NERVE B	144
95869	MUSCLE TEST, THOR PARASPINA	45
95870	MUSCLE TEST, NONPARASPINAL	45
95872	MUSCLE TEST, ONE FIBER	165
95873	GUIDE NERVE DESTROY, ELECT	45
95874	GUIDE NERVE DESTROY, NEEDLE	45
95875	LIMB EXERCISE TEST	155
95900	MOTOR NERVE CONDUCTION TEST	103
95903	MOTOR NERVE CONDUCTION TEST	109
95904	SENSE NERVE CONDUCTION TEST	88
95920	INTRAOP NERVE TEST, ADD-ON	266
95921	AUTONOMIC NERVE FUNCTION TE	96
95922	AUTONOMIC NERVE FUNCTION TE	104
95923	AUTONOMIC NERVE FUNCTION TE	172
95925	SOMATOSENSORY TESTING	104
95926	SOMATOSENSORY TESTING	104
95927	SOMATOSENSORY TESTING	106
95928	C MOTOR EVOKED, UPPER LIMBS	273
95929	C MOTOR EVOKED, LOWER LIMBS	285
95930	VISUAL EVOKED POTENTIAL TES	159
95933	BLINK REFLEX TEST	100
95934	H-REFLEX TEST	57
95936	H-REFLEX TEST	61
95937	NEUROMUSCULAR JUNCTION TEST	78
95950	AMBULATORY EEG MONITORING	351
95951	EEG MONITORING/VIDEORECORD	504
95953	EEG MONITORING/COMPUTER	669
95954	EEG MONITORING/GIVING DRUGS	404
95955	EEG DURING SURGERY	210
95956	EEG MONITORING, CABLE/RADIO	1,148
95957	EEG DIGITAL ANALYSIS	277
95958	EEG MONITORING/FUNCTION TES	466
95961	ELECTRODE STIMULATION, BRAI	353
95962	ELECTRODE STIM, BRAIN, ADD-	363
95965	MEG, SPONTANEOUS	675
95966	MEG, EVOKED, SINGLE	335
95967	MEG, EVOKED, EACH ADD?L	273
95970	ANALYZE NEUROSTIM, NO PROG	35
95971	ANALYZE NEUROSTIM, SIMPLE	60

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
95972	ANALYZE NEUROSTIM, COMPLEX	120
95973	ANALYZE NEUROSTIM, COMPLEX	75
95974	CRANIAL NEUROSTIM, COMPLEX	254
95975	CRANIAL NEUROSTIM, COMPLEX	145
95978	ANALYZE NEUROSTIM BRAIN/1H	282
95979	ANALYZE NEUROSTIM BRAIN, AD	137
95990	SPIN/BRAIN PUMP REFILL & MA	95
95991	SPIN/BRAIN PUMP REFILL & MA	56
96000	MOTION ANALYSIS, VIDEO/3D	137
96001	MOTION TEST W/FT PRESS MEAS	164
96002	DYNAMIC SURFACE EMG	33
96003	DYNAMIC FINE WIRE EMG	29
96004	PHYS REVIEW MOTION TESTS	181
96101	PSYCHO TESTING BY PSYCH/PHY	144
96102	PSYCHO TESTING BY TECHNICIA	39
96103	PSYCHO TESTING ADMIN BY COM	40
96105	ASSESSMENT APHASIA	118
96110	DEVELOPMENTAL TEST, LIM	20
96111	DEVELOPMENTAL TEST, EXTEND	217
96116	NEUROBEHAVIORAL STATUS EXAM	151
96118	NEUROPSYCH TEST BY PSYCH/PH	150
96119	NEUROPSYCH TESTING BY TECH	51
96120	NEUROPSYCH TEST ADMIN W/COM	40
96150	ASSESS HEALTH/BEHAVE, INIT	39
96151	ASSESS HEALTH/BEHAVE, SUBSE	37
96152	INTERVENE HEALTH/BEHAVE, IN	36
96153	INTERVENE HEALTH/BEHAVE, GR	8
96154	INTERV HEALTH/BEHAVE, FAM W	35
96155	INTERV HLTH/BEHAV FAM NO PT	75
96401	CHEMO, ANTI-NEOPLASM, SQ/IM	84
96402	CHEMO HORMONE ANTINEOPL SQ/	73
96405	CHEMO INTRALESIONAL, UP TO	45
96406	CHEMO INTRALESIONAL OVER 7	63
96409	CHEMO IV PUSH, SINGLE DRUG	196
96411	CHEMO IV PUSH, ADDED DRUG	113
96413	CHEMO IV INFUSION, 1 HR	277
96415	CHEMO IV INFUSION, ADDED HR	61
96416	CHEMO PROLONG INFUSE W/PUMP	298
96417	CHEMO IV INFUSE EACH ADDED	135
96420	CHEMO IA, PUSH TECHNIQUE	177
96422	CHEMO IA INFUSION UP TO 1 H	310
96423	CHEMO IA INFUSE EACH ADDED	126
96425	CHEMOTHERAPY, INFUSION METH	288
96440	CHEMOTHERAPY, INTRACAVITARY	215
96445	CHEMOTHERAPY, INTRACAVITARY	201
96450	CHEMOTHERAPY, INTO CNS	168

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
96521	REFILL/MAINT, PORTABLE PUMP	246
96522	REFILL/MAINT PUMP/RESVR SYS	177
96523	IRRIG DRUG DELIVERY DEVICE	45
96542	CHEMOTHERAPY INJECTION	85
96567	PHOTODYNAMIC TX, SKIN	122
96570	PHOTODYNAMIC TX, 30 MIN	89
96571	PHOTODYNAMIC TX, ADDED 15 M	44
96900	ULTRAVIOLET LIGHT THERAPY	28
96902	TRICHOGRAM	80
96910	PHOTOCHEMOTHERAPY WITH UV-B	63
96912	PHOTOCHEMOTHERAPY WITH UV-A	80
96913	PHOTOCHEMOTHERAPY, UV-A OR	108
96920	LASER TX, SKIN < 250 SQ CM	99
96921	LASER TX, SKIN 250-500 SQ C	101
96922	LASER TX, SKIN > 500 SQ CM	156
96999	DERMATOLOGICAL PROCEDURE	82
97001	PT EVALUATION	96
97002	PT RE-EVALUATION	48
97003	OT EVALUATION	94
97004	OT RE-EVALUATION	46
97005	ATHLETIC TRAIN EVAL	325
97006	ATHLETIC TRAIN REEVAL	174
97010	HOT OR COLD PACKS THERAPY	35
97012	MECHANICAL TRACTION THERAPY	22
97014	ELECTRIC STIMULATION THERAP	21
97016	VASOPNEUMATIC DEVICE THERAP	21
97018	PARAFFIN BATH THERAPY	10
97022	WHIRLPOOL THERAPY	23
97024	DIATHERMY EG, MICROWAVE	8
97026	INFRARED THERAPY	8
97028	ULTRAVIOLET THERAPY	9
97032	ELECTRICAL STIMULATION	24
97033	ELECTRIC CURRENT THERAPY	31
97034	CONTRAST BATH THERAPY	21
97035	ULTRASOUND THERAPY	18
97036	HYDROTHERAPY	36
97039	PHYSICAL THERAPY TREATMENT	20
97110	THERAPEUTIC EXERCISES	42
97112	NEUROMUSCULAR REEDUCATION	44
97113	AQUATIC THERAPY/EXERCISES	49
97116	GAIT TRAINING THERAPY	37
97124	MASSAGE THERAPY	34
97139	PHYSICAL MEDICINE PROCEDURE	26
97140	MANUAL THERAPY	40
97150	GROUP THERAPEUTIC PROCEDURE	26
97530	THERAPEUTIC ACTIVITIES	44

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
97532	COGNITIVE SKILLS DEVELOPMEN	37
97533	SENSORY INTEGRATION	40
97535	SELF CARE MANAGEMENT TRAINI	46
97537	COMMUNITY/WORK REINTEGRATIO	41
97542	WHEELCHAIR MANAGEMENT TRAIN	43
97545	WORK HARDENING	238
97546	WORK HARDENING, ADD-ON	85
97597	ACTIVE WOUND CARE/20 CM OR	75
97598	ACTIVE WOUND CARE > 20 CM	95
97602	WOUND(S) CARE NON-SELECTIVE	58
97605	NEG PRESS WOUND TX, < 50 CM	45
97606	NEG PRESS WOUND TX, > 50 CM	49
97750	PHYSICAL PERFORMANCE TEST	46
97755	ASSISTIVE TECHNOLOGY ASSESS	52
97760	ORTHOTIC MGMT AND TRAINING	39
97761	PROSTHETIC TRAINING	38
97762	C/O FOR ORTHOTIC/PROSTH USE	26
97802	MEDICAL NUTRITION, INDIV, I	29
97803	MED NUTRITION, INDIV, SUBSE	29
97804	MEDICAL NUTRITION, GROUP	12
98925	OSTEOPATHIC MANIPULATION	34
98926	OSTEOPATHIC MANIPULATION	53
98927	OSTEOPATHIC MANIPULATION	67
98928	OSTEOPATHIC MANIPULATION	80
98929	OSTEOPATHIC MANIPULATION	91
98940	CHIROPRACTIC MANIPULATION	33
98941	CHIROPRACTIC MANIPULATION	47
98942	CHIROPRACTIC MANIPULATION	63
98943	CHIROPRACTIC MANIPULATION	61
99000	SPECIMEN HANDLING	25
99001	SPECIMEN HANDLING	36
99002	DEVICE HANDLING	16
99024	POSTOP FOLLOW-UP VISIT	114
99050	MEDICAL SERVICES AFTER HRS	41
99056	MED SERVICE OUT OF OFFICE	44
99058	OFFICE EMERGENCY CARE	68
99070	SPECIAL SUPPLIES	45
99075	MEDICAL TESTIMONY	302
99090	COMPUTER DATA ANALYSIS	156
99091	COLLECT/REVIEW DATA FROM PT	10
99100	SPECIAL ANESTHESIA SERVICE	105
99116	ANESTHESIA WITH HYPOTHERMIA	432
99135	SPECIAL ANESTHESIA PROCEDUR	120
99140	EMERGENCY ANESTHESIA	183
99170	ANOGENITAL EXAM, CHILD	134
99172	OCULAR FUNCTION SCREEN	41

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
99173	VISUAL ACUITY SCREEN	30
99175	INDUCE VOMITING	90
99183	HYPERBARIC OXYGEN THERAPY	181
99185	REGIONAL HYPOTHERMIA	41
99186	TOTAL BODY HYPOTHERMIA	133
99190	SPECIAL PUMP SERVICES	168
99191	SPECIAL PUMP SERVICES	99
99192	SPECIAL PUMP SERVICES	75
99195	PHLEBOTOMY	28
99201	OFFICE VISIT, NEW PAT	36
99202	OFFICE VISIT, NEW PAT	70
99203	OFFICE VISIT, NEW PAT	108
99204	OFFICE VISIT, NEW PAT	160
99205	OFFICE VISIT, NEW PAT	213
99211	OFFICE VISIT, EST PAT	19
99212	OFFICE VISIT, EST PAT	36
99213	OFFICE VISIT, EST PAT	53
99214	OFFICE VISIT, EST PAT	88
99215	OFFICE VISIT, EST PAT	142
99217	OBSERVATION CARE DISCHARGE	106
99218	OBSERVATION CARE	101
99219	OBSERVATION CARE	167
99220	OBSERVATION CARE	235
99221	INITIAL HOSPITAL CARE	102
99222	INITIAL HOSPITAL CARE	169
99223	INITIAL HOSPITAL CARE	235
99231	SUBSEQUENT HOSPITAL CARE	73
99232	SUBSEQUENT HOSPITAL CARE	83
99233	SUBSEQUENT HOSPITAL CARE	118
99234	OBSERVE/HOSP, SAME DATE	203
99235	OBSERVE/HOSP, SAME DATE	267
99236	OBSERVE/HOSP, SAME DATE	333
99238	HOSPITAL DISCHARGE DAY	106
99239	HOSPITAL DISCHARGE DAY	145
99241	OFFICE CONSULTATION	51
99242	OFFICE CONSULTATION	105
99243	OFFICE CONSULTATION	140
99244	OFFICE CONSULTATION	207
99245	OFFICE CONSULTATION	276
99251	INITIAL INPATIENT CONSULT	54
99252	INITIAL INPATIENT CONSULT	108
99253	INITIAL INPATIENT CONSULT	148
99254	INITIAL INPATIENT CONSULT	212
99255	INITIAL INPATIENT CONSULT	293
99281	EMERGENCY DEPT VISIT	25
99282	EMERGENCY DEPT VISIT	41

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
99283	EMERGENCY DEPT VISIT	92
99284	EMERGENCY DEPT VISIT	144
99285	EMERGENCY DEPT VISIT	225
99288	DIRECT ADVANCED LIFE SUPPOR	281
99289	PED CRIT CARE TRANSPORT	366
99290	PED CRIT CARE TRANSPORT, AD	188
99291	CRITICAL CARE, FIRST HOUR	310
99292	CRITICAL CARE, ADDED 30 MIN	155
99293	PED CRITICAL CARE, INITIAL	1,231
99294	PED CRITICAL CARE, SUBSEQ	612
99295	NEONATE CRIT CARE, INITIAL	1,409
99296	NEONATE CRITICAL CARE SUBSE	614
99298	INTENS CARE LBW INFANT < 15	218
99299	INTENS CARE LBW INFANT 1500	199
99300	INTENS CARE INFANT PBW 2501	192
99304	NURSING FACILITY CARE, INIT	99
99305	NURSING FACILITY CARE, INIT	131
99306	NURSING FACILITY CARE, INIT	162
99307	NURSING FAC CARE, SUBSEQ	51
99308	NURSING FAC CARE, SUBSEQ	85
99309	NURSING FAC CARE, SUBSEQ	119
99310	NURSING FAC CARE, SUBSEQ	150
99315	NURSING FAC DISCHARGE DAY	93
99316	NURSING FAC DISCHARGE DAY	122
99318	ANNUAL NURSING FAC ASSESSME	99
99324	DOMICILE/R-HOME VISIT NEW P	88
99325	DOMICILE/R-HOME VISIT NEW P	129
99326	DOMICILE/R-HOME VISIT NEW P	187
99327	DOMICILE/R-HOME VISIT NEW P	246
99328	DOMICILE/R-HOME VISIT NEW P	304
99334	DOMICILE/R-HOME VISIT EST P	69
99335	DOMICILE/R-HOME VISIT EST P	108
99336	DOMICILE/R-HOME VISIT EST P	166
99337	DOMICILE/R-HOME VISIT EST P	244
99341	HOME VISIT, NEW PATIENT	88
99342	HOME VISIT, NEW PATIENT	129
99343	HOME VISIT, NEW PATIENT	188
99344	HOME VISIT, NEW PATIENT	246
99345	HOME VISIT, NEW PATIENT	305
99347	HOME VISIT, EST PATIENT	69
99348	HOME VISIT, EST PATIENT	108
99349	HOME VISIT, EST PATIENT	167
99350	HOME VISIT, EST PATIENT	246
99354	PROLONGED SERVICE, OFFICE	142
99355	PROLONGED SERVICE, OFFICE	139
99356	PROLONGED SERVICE, INPATIEN	136

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
99357	PROLONGED SERVICE, INPATIENT	137
99358	PROLONGED SERVICE, W/O CONT	207
99359	PROLONGED SERVICE, W/O CONT	127
99360	PHYSICIAN STANDBY SERVICES	290
99361	PHYSICIAN/TEAM CONFERENCE	151
99362	PHYSICIAN/TEAM CONFERENCE	221
99371	PHYSICIAN PHONE CONSULTATION	30
99372	PHYSICIAN PHONE CONSULTATION	51
99373	PHYSICIAN PHONE CONSULTATION	129
99374	HOME HEALTH CARE SUPERVISION	164
99375	HOME HEALTH CARE SUPERVISION	669
99377	HOSPICE CARE SUPERVISION	181
99378	HOSPICE CARE SUPERVISION	250
99379	NURSING FAC CARE SUPERVISION	179
99380	NURSING FAC CARE SUPERVISION	251
99381	PREV VISIT, NEW, INFANT	179
99382	PREV VISIT, NEW, AGE 1-4	193
99383	PREV VISIT, NEW, AGE 5-11	198
99384	PREV VISIT, NEW, AGE 12-17	218
99385	PREV VISIT, NEW, AGE 18-39	252
99386	PREV VISIT, NEW, AGE 40-64	280
99387	PREV VISIT, NEW, 65 & OVER	287
99391	PREV VISIT, EST, INFANT	146
99392	PREV VISIT, EST, AGE 1-4	158
99393	PREV VISIT, EST, AGE 5-11	164
99394	PREV VISIT, EST, AGE 12-17	181
99395	PREV VISIT, EST, AGE 18-39	208
99396	PREV VISIT, EST, AGE 40-64	230
99397	PREV VISIT, EST, 65 & OVER	243
99401	PREVENTIVE COUNSELING, INDIVIDUAL	73
99402	PREVENTIVE COUNSELING, INDIVIDUAL	123
99403	PREVENTIVE COUNSELING, INDIVIDUAL	156
99404	PREVENTIVE COUNSELING, INDIVIDUAL	213
99411	PREVENTIVE COUNSELING, GROUP	69
99412	PREVENTIVE COUNSELING, GROUP	61
99420	HEALTH RISK ASSESSMENT TEST	270
99431	INITIAL CARE, NORMAL NEWBORN	90
99432	NEWBORN CARE, NOT IN HOSP	98
99433	NORMAL NEWBORN CARE/HOSPITAL	48
99435	NEWBORN DISCHARGE DAY HOSP	122
99436	ATTENDANCE, BIRTH	115
99440	NEWBORN RESUSCITATION	225

Undesignated Procedure Codes

1	LEVEL 1	5
2	LEVEL 2	15

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES**FISCAL YEAR 2006-07**

(Effective June 1, 2007)

PROCEDURE CODES	DESCRIPTION	RATE
3	LEVEL 3	25
4	LEVEL 4	35
5	LEVEL 5	40
6	LEVEL 6	60
7	LEVEL 7	75
8	LEVEL 8	100
9	LEVEL 9	125
10	LEVEL 10	150
11	LEVEL 11	175
12	LEVEL 12	200
13	LEVEL 13	225
14	LEVEL 14	250
15	LEVEL 15	275
16	LEVEL 16	300
17	LEVEL 17	350
18	LEVEL 18	400
19	LEVEL 19	450
20	LEVEL 20	500
21	LEVEL 21	550
22	LEVEL 22	600
23	LEVEL 23	650
24	LEVEL 24	700
25	LEVEL 25	800
26	LEVEL 26	900
27	LEVEL 27	1,000
28	LEVEL 28	1,100
29	LEVEL 29	1,200
30	LEVEL 30	1,300
31	LEVEL 31	1,400
32	LEVEL 32	1,500
33	LEVEL 33	1,700
34	LEVEL 34	1,900
35	LEVEL 35	2,100
36	LEVEL 36	2,300
37	LEVEL 37	2,500
38	LEVEL 38	2,700
39	LEVEL 39	2,900
40	LEVEL 40	3,400
41	LEVEL 41	3,900
42	LEVEL 42	4,400
43	LEVEL 43	4,900
44	LEVEL 44	5,400

ATTACHMENT V

**FISCAL YEAR 2006-07
PROPOSED RATE CHANGES**

EFFECTIVE JUNE 1, 2007

**FAMILY PLANNING ACCESS CARE
TREATMENT (FPACT) SERVICES &
CANCER DETECTION PROGRAM (CDP)**

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

**PROPOSED
FAMILY P.A.C.T. RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)**

PROCEDURE CODE	DESCRIPTION	RATE
X1500	DIAPHRAGM	*
X1500	FOAM	*
X1500	JELLY OR CREAM	*
X1500	FERTILITY AWARENESS SUPPLIES	*
X1500	SUPPOSITORIES	*
X1500	CERVICAL CAP	*
X1500	VAGINAL FILM (VCF)	*
X1500	CONDOMS	*
X1522	PARAGARD IUD	*
X1532	MIRENA INTRAUTERINE SYSTEM (IUS)	*
X5770	PENICILLIN G BENZATHINE (INJECTION 600,000 U/CC)	*
X5772	PENICILLIN G BENZATHINE (INJECTION 300,000 U/CC)	*
X5854	CEFOXITIN SODIUM (INJECTION 2 GM)	*
X5856	CEFOXITIN SODIUM (INJECTION 1 GM)	*
X5864	CEFTRINAXONE SODIUM (INJECTION 250 MG)	*
X6051	DEPO. INJECTION	*
X7100	HEPATITIS B VACCINE (30 MCG/3.0 ML)	*
X7460	PENICILLIN G BENZATHINE (1,200,000 U/CC)	*
X7462	PENICILLIN G BENZATHINE (2,400,000 U/CC)	*
X7706	ORAL CONTRACEPTIVES	*
X7716	AZITHROMYCIN	*
X7722	PLAN B	*
X7728	ETHINYL ESTRADIOL/NORGELGEST (PATCH)	*
X7730	ETONGESTREL/ETHINYL ESTRADIOL (RING)	*
X7913	ADMINISTRATION HEPATITIS B VACCINE	\$11
X7914	ADMINISTRATION HEPATITIS B VACCINE	11
90744	HEPATITIS B VACCINE PEDIATRIC	35
90746	HEPATITIS B VACCINE ADULT	85
Z5218	COLLECTION & HANDLING OF BLOOD SPECIMEN	5
Z5220	COLLECTION & HANDLING OF BLOOD SPECIMEN	5
Z7500	USE OF HOSPITAL EXAMINING OR TREATMENT ROOM	30
Z7506	USE OF OPERATING ROOM, FIRST HOUR	128
Z7508	USE OF OPERATING ROOM, FIRST SUBSEQUENT HALF-HOUR	51
Z7510	USE OF OPERATING ROOM, SECOND SUBSEQUENT HALF-HOUR	51
Z7512	USE OF RECOVERY ROOM	23
Z7610	OTHER DRUGS	*
Z9750	GROUP EDUCATION/COUNSELING	5
Z9751	INITIAL METHODS EDUCATE/COUNSELING	16
Z9752	EDUCATION/COUNSELING (15 MIN)	24
Z9753	EDUCATION/COUNSELING (30 MIN)	40
Z9754	EDUCATION/COUNSELING (45 MIN)	56
00840	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES LOWER ABDOMEN	95
00851	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES LOWER ABDOMEN	95
00869	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES LOWER ABDOMEN	47
00920	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA	47
00921	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES LOWER ABDOMEN	47
00940	ANESTHESIA FOR VAGINAL PROCEDURES	47
00952	ANESTHESIA FOR VAGINAL PROCEDURES; HYSTEROSCOPY	63

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

**PROPOSED
FAMILY P.A.C.T. RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)**

PROCEDURE CODE	DESCRIPTION	RATE
10060 AG	INCISION AND DRAINAGE OF ABSCESS - SIMPLE OR SINGLE	67
10060 ZE	ANESTHESIOLOGIST - NURSE ANESTHETIST SERVICE	46
10060 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	24
10060 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	37
10061 AG	INCISION AND DRAINAGE - COMPLICATED OR MULTIPLE	95
10061 P1	ANESTHESIOLOGIST - ANESTHESIA SERVICES (NORMAL, UNCOMPLICATED)	63
10061 ZE	ANESTHESIOLOGIST - NURSE ANESTHETIST SERVICE	58
10061 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	24
10061 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
10140 AG	INCISION AND DRAINAGE OF HEMATOMA - PRIMARY SURGERY	79
10140 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
10140 ZN	MEDICAL SUPPLIES/DRUGS GENERAL ANESTHESIA	50
10180 AG	COMPLEX DRAINAGE, WOUND	185
10180 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
10180 ZN	MEDICAL SUPPLIES/DRUGS GENERAL ANESTHESIA	50
11975 AG	NORPLANT INSERTION - PRIMARY SURGERY	76
11975 AN	NORPLANT INSERTION - PHYSICIAN ASSISTANT SERVICE	76
11975 SB	NORPLANT INSERTION - CERTIFIED NURSE MIDWIFE	76
11975 SA	NORPLANT INSERTION - NURSE PRACTITIONER SERVICE	76
11975 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	5
11975 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	4
11976 AG	NORPLANT REMOVAL - PRIMARY SURGERY	125
11976 AN	NORPLANT REMOVAL - PHYSICIAN ASSISTANT SERVICE	125
11976 SB	NORPLANT REMOVAL - CERTIFIED NURSE MIDWIFE	125
11976 SA	NORPLANT REMOVAL - NURSE PRACTITIONER SERVICE	125
11976 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	16
11976 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	55
11977 AG	NORPLANT REMOVAL/INSERTION - PRIMARY SURGERY	205
11977 AN	NORPLANT REMOVAL/INSERTION - PHYSICIAN ASSISTANT SERVICE	205
11977 SB	NORPLANT REMOVAL/INSERTION - CERTIFIED NURSE MIDWIFE	205
11977 SA	NORPLANT REMOVAL/INSERTION - NURSE PRACTITIONER SERVICE	205
11977 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
11977 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
36000 AG	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	41
36000 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
36000 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
36425 AG	VENIPUNCTURE, CUTDOWN	94
36425 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
36425 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
49000 AG	EXPLORATORY LAPAROTOMY	665
49000 P1	ANESTHESIOLOGIST - ANESTHESIA SERVICES (NORMAL, UNCOMPLICATED)	106
49000 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	38
49000 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	72
49020 AG	DRAINAGE OF PERITONEAL ABSCESS	731
49020 P1	ANESTHESIOLOGIST - ANESTHESIA SERVICES (NORMAL, UNCOMPLICATED)	159
49020 ZE	ANESTHESIOLOGIST - NURSE ANESTHETIST SERVICE	116
49020 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	38
49020 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	74

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

**PROPOSED
FAMILY P.A.C.T. RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)**

PROCEDURE CODE	DESCRIPTION	RATE
49080 AG	PERITONEOCENTESIS	119
49080 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	19
49080 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	43
49085 AG	REMOVAL OF PERITONEAL FOREIGN BODY	736
49085 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	38
49085 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	75
49320 AG	LAPAROSCOPY	369
49320 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	44
49320 ZN	MEDICAL SUPPLIES/DRUGS-GENERAL ANESTHESIA	80
49320 ZE	ANESTHESIOLOGIST-NURSE ANESTHETIST SERVICE	134
49320 P1	ANESTHESIOLOGIST-ANESTHESIA SERVICES (NORMAL, UNCOMPLICATED)	169
54050 AG	DESTRUCTION OF LESIONS, PENIS - PRIMARY SURGERY	96
54050 AN	DESTRUCTION OF LESIONS, PENIS - PHYSICIAN ASSISTANT SERVICE	76
54050 SB	DESTRUCTION OF LESIONS, PENIS - NURSE MIDWIFE SERVICE	76
54050 SA	DESTRUCTION OF LESIONS, PENIS - NURSE PRACTITIONER SERVICE	76
54050 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	13
54050 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	77
54056 AG	DESTRUCTION OF LESIONS, PENIS, CRYOSURGERY - PRIMARY SURGERY	110
54056 AN	DESTRUCTION OF LESIONS, PENIS, CRYOSURGERY -PHYSICIAN ASSISTANT	87
54056 SB	DESTRUCTION OF LESIONS, PENIS, CRYOSURGERY - NURSE MIDWIFE	87
54056 SA	DESTRUCTION OF LESIONS, PENIS, CRYOSURGERY - NURSE PRACTITIONER	87
54056 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	13
54056 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	23
54100 AG	BIOPSY PENIS, CUTANEOUS - PRIMARY SURGERY	146
54100 AN	BIOPSY PENIS, CUTANEOUS - PHYSICIAN ASSISTANT SERVICE	116
54100 SB	BIOPSY PENIS, CUTANEOUS - NURSE MIDWIFE SERVICE	116
54100 SA	BIOPSY PENIS, CUTANEOUS - NURSE PRACTITIONER SERVICE	116
54100 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	28
54100 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	38
54520 AG	ORCHIECTOMY SIMPLE	399
54520 P1	ANESTHESIOLOGIST - ANESTHESIA SERVICES (NORMAL, UNCOMPLICATED)	127
54520 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	37
54520 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	70
54670 AG	SUTURE/REPAIR OF TESTICULAR INJURY	516
54670 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
54670 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
54700 AG	INCISION AND DRAINAGE OF EPIDIDYMIS	313
54700 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	25
54700 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	64
54820 AG	EXPL. OF EPIDIDYMIS WITH OR WITHOUT BIOPSY	339
54820 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
54820 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
55100 AG	DRAINAGE OF SCROTAL WALL ABSCESS	308
55100 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
55100 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
55110 AG	SCROTAL EXPLORATION	461
55110 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	32
55110 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	59

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

**PROPOSED
FAMILY P.A.C.T. RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)**

PROCEDURE CODE	DESCRIPTION	RATE
55250 AG	VASECTOMY	411
55250 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
55250 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
55520 AG	EXC. OF LESION OF SPERMATIC CORD	399
55520 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
55520 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
56501 AG	DESTRUCTION OF LESION (S), VULVA PRIMARY SURGERY	100
56501 51	DESTRUCTION OF LESION (S), VULVA - MULTIPLE PROCEDURES	40
56501 AN	DESTRUCTION OF LESION (S), VULVA PHYSICIAN ASSISTANT SERVICES	100
56501 SB	DESTRUCTION OF LESION (S), VULVA NURSE MIDWIFE SERVICES	100
56501 SA	DESTRUCTION OF LESION (S), VULVA NURSE PRACTITIONER SERVICES	100
56501 ZM	DESTRUCTION OF LESION (S), VULVA - S/D NON-GENERAL ANESTHESIA	13
56501 ZN	DESTRUCTION OF LESION (S), VULVA - S/D GENERAL ANESTHESIA	39
56605 ZK	BIOPSY OF VULVA PRIMARY SURGERY	73
56605 AN	BIOPSY OF VULVA PHYSICIAN ASSISTANT SERVICES	73
56605 YQ	BIOPSY OF VULVA NURSE MIDWIFE SERVICES	73
56605 YS	BIOPSY OF VULVA NURSE PRACTITIONER SERVICES	73
56605 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	13
56605 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	44
57061 AG	DESTRUCTION OF VAGINAL LESION (S) - PRIMARY SURGERY	73
57061 AN	DESTRUCTION OF VAGINAL LESION (S) - PHYSICIAN ASST. SERVICES	73
57061 SB	DESTRUCTION OF VAGINAL LESION (S) - NURSE MIDWIFE SERVICES	73
57061 SA	DESTRUCTION OF VAGINAL LESION (S) - NURSE PRACTITIONER SERVICES	73
57061 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	13
57061 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	44
57170 AG	DIAPHRAGM/CERVICAL CAP, FITTING	48
57170 AN	DIAPHRAGM/CERVICAL CAP, FITTING - PHYSICIAN ASSISTANT SERVICE	48
57170 SB	DIAPHRAGM/CERVICAL CAP, FITTING - NURSE MIDWIFE SERVICE	48
57170 SA	DIAPHRAGM/CERVICAL CAP, FITTING - NURSE PRACTITIONER SERVICE	48
57170 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
57170 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
57452 AG	COLPOSCOPY WITHOUT BIOPSY - PRIMARY SURGERY	65
57452 51	COLPOSCOPY WITHOUT BIOPSY - MULTIPLE PROCEDURES	19
57452 AN	COLPOSCOPY WITHOUT BIOPSY - PHYSICIAN ASSISTANT SERVICES	65
57452 SB	COLPOSCOPY WITHOUT BIOPSY - NURSE MIDWIFE SERVICES	65
57452 SA	COLPOSCOPY WITHOUT BIOPSY - NURSE PRACTITIONER SERVICES	65
57452 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	16
57452 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	16
57452 51	COLPOSCOPY WITHOUT BIOPSY - MULTIPLE PROCEDURES	19
57454 AG	COLPOSCOPY WITH BIOPSY	108
57454 AN	COLPOSCOPY WITH BIOPSY - PHYSICIAN ASSISTANT SERVICES	108
57454 SB	COLPOSCOPY WITH BIOPSY - NURSE MIDWIFE SERVICES	108
57454 SA	COLPOSCOPY WITH BIOPSY - NURSE PRACTITIONER SERVICES	108
57454 ZM	MEDICAL SUPPLIES/DRUGS NON-GENERAL ANESTHESIA	31
57454 ZN	MEDICAL SUPPLIES/DRUGS GENERAL ANESTHESIA	73
57454 51	COLPOSCOPY WITH BIOPSY - MULTIPLE PROCEDURES	113
57455 AG	COLPOSCOPY INC. UPPER/ADJACENT VAGINA	99
57455 AN	COLPOSCOPY INC. UPPER/ADJACENT VAGINA - PHYS. ASST. SERVICES	99

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

**PROPOSED
FAMILY P.A.C.T. RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)**

PROCEDURE CODE	DESCRIPTION	RATE
57455 SB	COLPOSCOPY INC. UPPER/ADJACENT VAGINA - NURSE MIDWIFE SERVICES	99
57455 SA	COLPOSCOPY INC. UPPER/ADJACENT VAGINA - NURSE PRACTITIONER SERVICES	99
57455 ZM	MEDICAL SUPPLIES/DRUGS NON-GENERAL ANESTHESIA	40
57455 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
57455 51	COLPOSCOPY INC. UPPER/ADJACENT VAGINA - MULTIPLE PROCEDURES	149
57456 AG	COLPOSCOPY INC. UPPER/ADJACENT VAGINA W/ENDOCERVICAL CURETTAGE	94
57456 AN	COLPOSCOPY INC. UPPER/ADJACENT VAGINA W/ENDOCERVICAL CURETTAGE - PHYS. ASST. SERVICES	94
57456 SB	COLPOSCOPY INC. UPPER/ADJACENT VAGINA W/ENDOCERVICAL CURETTAGE - NURSE MIDWIFE SERVICES	94
57456 SA	COLPOSCOPY INC. UPPER/ADJACENT VAGINA W/ENDOCERVICAL CURETTAGE - NURSE PRACTITIONER SERVICES	94
57456 ZM	MEDICAL SUPPLIES/DRUGS NON-GENERAL ANESTHESIA	40
57456 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
57460 AN	LOOP ELECTRODE EXCISION PROCEDURE (LEEP) PHYSICIAN ASST. SERVICES	234
57460 SB	LOOP ELECTRODE EXCISION PROCEDURE (LEEP) NURSE MIDWIFE SERVICES	234
57460 ZM	MEDICAL SUPPLIES/DRUGS NON-GENERAL ANESTHESIA	31
57500 AG	BIOPSY, SINGLE OR MULTIPLE - PRIMARY SURGERY	51
57500 51	BIOPSY, SINGLE OR MULTIPLE - MULTIPLE PROCEDURES	13
57500 99	BIOPSY, SINGLE OR MULTIPLE - MULTIPLE MODIFIERS	7
57500 SB	BIOPSY, SINGLE OR MULTIPLE - NURSE MIDWIFE SERVICES	51
57500 SA	BIOPSY, SINGLE OR MULTIPLE - NURSE PRACTITIONER SERVICES	51
57500 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	31
57500 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	49
57510 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	8
57511 AG	CRYOTHERAPY - PRIMARY SURGERY	90
57511 AN	CRYOTHERAPY - PHYSICIAN ASSISTANT SERVICES	90
57511 SB	CRYOTHERAPY - NURSE MIDWIFE SERVICES	90
57511 SA	CRYOTHERAPY - NURSE PRACTITIONERS SERVICES	90
57511 ZM	MEDICAL SUPPLIES/DRUGS -NON-GENERAL ANESTHESIA	8
57511 ZN	MEDICAL SUPPLIES/DRUGS GENERAL ANESTHESIA	33
57513 AG	CAUTERIZATION OF CERVIX, LASER ABLATION	275
57513 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	19
57720 AG	TRACHELORRHAPHY	380
57720 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	46
57720 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	56
58100 AG	ENDOMETRIAL SAMPLING	51
58100 ZE	ANESTHESIOLOGIST - NURSE ANESTHETIST SERVICE	51
58100 AN	ENDOMETRIAL SAMPLING PHYSICIAN ASSISTANT SERVICES	153
58100 YQ	ENDOMETRIAL SAMPLING NURSE MIDWIFE SERVICES	153
58100 YS	ENDOMETRIAL SAMPLING NURSE PRACTITIONER SERVICES	153
58100 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	30
58100 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	71
58110 AG	EDOMETRIAL SAMPLING (BIOPSY) DONE IN CONJUNCTION WITH COLPOSCOPY	54
58110 ZE	EDOMETRIAL SAMPLING (BIOPSY) NURSE ANESTHETIST SERVICE	54
58110 AN	EDOMETRIAL SAMPLING (BIOPSY) PHYSICIAN ASSISTANT SERVICES	54
58110 YQ	EDOMETRIAL SAMPLING (BIOPSY) NURSE MIDWIFE	54
58110 YS	EDOMETRIAL SAMPLING (BIOPSY) NURSE PRACTITIONER SERVICES	54
58110 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	20

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
FAMILY P.A.C.T. RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODE	DESCRIPTION	RATE
58110 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	25
58120 AG	DILATATION AND CURETTAGE - PRIMARY SURGERY	279
58120 P1	ANESTHESIOLOGIST - ANESTHESIA SERVICES (NORMAL, UNCOMPLICATED)	108
58120 ZE	ANESTHESIOLOGIST - NURSE ANESTHETIST SERVICE	59
58120 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	32
58120 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	48
58150 AG	TOTAL ABDOMINAL HYSTERECTOMY	1,013
58150 P1	ANESTHESIOLOGIST - ANESTHESIA SERVICES (NORMAL, UNCOMPLICATED)	148
58150 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	75
58150 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	85
58300 AG	INTRAUTERINE DEVICE (IUD) INSERTION	72
58300 AN	INTRAUTERINE DEVICE (IUD) INSERTION - PHYSICIAN ASSISTANT SERVICES	72
58300 SB	INTRAUTERINE DEVICE (IUD) INSERTION - CERTIFIED NURSE MIDWIFE	72
58300 SA	INTRAUTERINE DEVICE (IUD) INSERTION - NURSE PRACTITIONER	72
58300 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	6
58300 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	32
58300 51	INTRAUTERINE DEVICE (IUD) INSERTION - MULTIPLE PROCEDURES	148
58301 AG	INTRAUTERINE DEVICE (IUD) REMOVAL	61
58301 AN	INTRAUTERINE DEVICE (IUD) REMOVAL - PHYSICIAN ASSISTANT SERVICES	61
58301 SB	INTRAUTERINE DEVICE (IUD) REMOVAL - CERTIFIED NURSE MIDWIFE SERVICES	61
58301 SA	INTRAUTERINE DEVICE (IUD) REMOVAL - NURSE PRACTITIONER SERVICES	61
58301 ZM	MEDICAL SUPPLIES/DRUGS - S/D NON-GENERAL ANESTHESIA	7
58301 ZN	MEDICAL SUPPLIES/DRUGS -S/D GENERAL ANESTHESIA	23
58555 AG	HYSTEROSCOPY - PRIMARY SURGERY	201
58555 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	37
58555 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	13
58555 ZE	HYSTEROSCOPY - NURSE ANESTHETIST SERVICE	106
58562 ZK	HYSTEROSCOPY , SURGICAL - Thru DOS 10/31/05	228
58562 AG	HYSTEROSCOPY , SURGICAL	228
58562 ZM	MEDICAL SUPPLIES/DRUGS-NON-GENERAL ANESTHESIA	32
58562 ZN	MEDICAL SUPPLIES/DRUGS-GENERAL ANESTHESIA	67
58600 ZM	MINI-LAP WITH DIVISION OF FALLOPIAN TUBE(S) - S/D NON-GEN ANESTHESIA	24
58600 ZN	MINI-LAP WITH DIVISION OF FALLOPIAN TUBE(S) - S/D GENERAL ANESTHESIA	56
58615 AG	MINI-LAP, OCCLUSION	697
58615 ZN	MINI-LAP, OCCLUSION - SUPPLIES/DRUGS GENERAL ANESTHESIA	111
58670 ZM	LAPAROSCOPY SURGICAL, FULGURATION - S/D NON-GENERAL ANESTHESIA	7
58670 ZN	LAPAROSCOPY SURGICAL, FULGURATION - S/D GENERAL ANESTHESIA	23
58671 ZN	LAPAROSCOPY WITH RING OR CLIP - S/D GENERAL ANESTHESIA	89
62270 AG	LUMBAR PUNCTURE	129
71020 ZS	X-RAY EXAM OF CHEST	32
74000 ZS	X-RAY EXAM OF ABDOMEN	22
75741 ZS	ARTERY X-RAYS, LUNG	327
75822 ZS	VEIN X-RAY, ARMS/LEGS	117
76090 ZS	X-RAY EXAM OF BREAST	93
76092 ZS	SCREENING MAMMOGRAPHY	84
76856 ZS	ECHOGRAPHY PELVIC	85
76880 ZS	ECHOGRAPHY EXTREMITY	76
78455 ZS	NUCLEAR SCAN OF VEIN CLOT	162

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

**PROPOSED
FAMILY P.A.C.T. RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)**

PROCEDURE CODE	DESCRIPTION	RATE
78456 ZS	ACUTE VENOUS THROMBOSIS IMAGING	186
78457 ZS	NUCLEAR SCAN VEIN THROMBOSIS	87
78458 ZS	NUCLEAR SCAN VEIN THROMBOSIS	118
78596 ZS	PULMONARY QUANTATIVE DIFFERENTIAL	104
80058 ZS	HEPATIC FUNCTION PANEL	13
80061 ZS	LIPID PROFILE	17
80076 ZS	HEPATIC FUNCTION PANEL	11
81000 ZS	URINALYSIS, REAGENT STRIPS, W/MICROSCOPY	4
81001 ZS	URINALYSIS (AUTOMATED W/MICROSCOPY)	4
81002 ZS	URINALYSIS (NON-AUTOMATED W/O MICROSCOPY)	4
81003 ZS	URINALYSIS (AUTOMATED W/O MICROSCOPY)	3
81005 ZS	URINALYSIS; CHEMICAL, QUALITATIVE	3
81015 ZS	MICROSCOPIC EXAM OF URINE	4
81025 ZS	URINE PREGNANCY TEST	5
82465 ZS	ASSAY SERUM CHOLESTEROL	5
82803 ZS	BLOOD GASES: PH, PO2 & PCO2	27
82805 ZS	GASES, BLOOD, ANY COMB PH,PCO2,PO2,CO2,HC0	39
82810 ZS	GASES,BLOOD,O2 SATURATION ONLY, BY DIRECT	12
82947 ZS	ASSAY BODY FLUID, GLUCOSE	5
82951 ZS	GLUCOSE TOLERANCE TEST (GTT)	18
83002 ZS	PITUITARY GONADOTROPINS RIA	26
84155 ZS	ASSAY SERUM PROTEIN	5
85002 ZS	BLEEDING TIME TEST	6
85013 ZS	SPUN, MICROHEMATOCRIT	3
85014 ZS	HEMATOCRIT	3
85018 ZS	HEMOGLOBIN, COLORIMETRIC	3
85025 ZS	AUTOMATED HEMOGRAM	11
85027 ZS	AUTOMATED HEMOGRAM	9
85610 ZS	PROTHROMBIN TIME	5
85651 ZS	RBC SEDIMENTATION RATE	5
85652 ZS	SEDIMENTATION RATE AUTOMATED	4
85730 ZS	THROMBOPLASTIN TIME, PARTIAL	8
86255 ZS	FLUORESCENT ANTIBODY; SCREEN	15
86287 ZS	HEPATITIS HAA, RIA, OR EIA	17
86289 ZS	HEPATITIS BC ANTIBODY TEST	20
86291 ZS	HEPATITIS BS ANTIBODY TEST	18
86592 ZS	BLOOD SEROLOGY, QUALITATIVE	6
86593 ZS	SYPHILIS QUALITATIVE TEST (VDRL, RPR)	8
86631 ZS	ANTIBODY, CHLAMYDIA	16
86632 ZS	ANTIBODY, CHLAMYDIA 1GM	18
86689 ZS	HTLVI CONFIRM TEST	27
86694 ZS	ANTIBODY, HERPES SIMPLEX	19
86695 ZS	ANTIBODY, HERPES SIMPLEX	18
86701 ZS	ANTIBODY, HIV - 1	12
86702 ZS	ANTIBODY, HIV - 2	16
86703 ZS	HIV-1/HIV-2, SINGLE ASSAY	16
86706 ZS	HEPATITIS B SURFACE ANTIBODY (HBsAb)	15
86781 ZS	CONFIRM TREPONEMA PALLIDUM	18

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
FAMILY P.A.C.T. RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)

PROCEDURE CODE	DESCRIPTION	RATE
87081 ZS	BACTERIA CULTURE SCREEN	9
87086 ZS	URINE CULTURE, COLONY COUNT	10
87178 ZS	CHLAMYDIA TRACHOMATIS PCR	28
87179 ZS	MICROBE IDENTIFICATION WITH AMPLIFICATION	28
87181 ZS	ANTIBIOTIC SENSITIVITY, EACH	2
87184 ZS	ANTIBIOTIC SENSITIVITY, EACH	10
87186 ZS	ANTIBIOTIC SENSITIVITY, MIC	12
87205 ZS	SMEAR, STAIN & INTERPRET	6
87206 ZS	SMEAR, STAIN & INTERPRET	7
87210 ZS	WET MOUNT	6
87252 ZS	HERPES SIMPLEX VIRUS (HSV) CULTURE	29
87255 ZS	HSV CULTURE	47
87273 ZS	HSV DFA, TYPE 2	13
87490 ZS	DNA PROBE FOR CHLAMYDIA	28
87491 ZS	DNA WITH AMPLIFICATION, CHLAMYDIA	49
87590 ZS	DNA PROBE FOR GC	28
87591 ZS	DNA WITH AMPLIFICATION, GC	49
87621 ZS	PAPILLOMAVIRUS, HUMAN, AMPLIFIED PROBE TECHNIQUE	49
87800 ZS	DNA/RNA DIRECT PROBE FOR MULTIPLE INFECTIOUS ORGANISMS	28
88141 ZS	PAP SMEAR(S)	13
88142 ZS	PAP SMEAR(S)	28
88151 ZS	PAP SMEAR (S)	9
88164 ZS	SMEAR, BETHESDA, MANUAL SCREEN	15
88174 ZS	CYTOPATH	30
88175 ZS	CYTOPATH	37
88302 ZS	SURGICAL PATHOLOGY FOR VAS DEFERENCE	36
88304 ZS	SURGICAL PATHOLOGY, LEVEL III	48
88305 ZS	SURGICAL PATHOLOGY, LEVEL IV	75
88307 ZS	LEVEL V-SURGICAL PATHOLOGY,GROSS/MICROSCOPIC EXAMINATION	110
89050 ZS	CELL COUNT MISCELLANEOUS BODY FLUIDS	7
89051 ZS	CELL COUNT WITH DIFFERENTIAL COUNT	8
90743	HEPATITIS B VACCINE ADOLESCENT	85
90744	HEPATITIS B VACCINE PEDIATRIC	85
90746	HEPATITIS B VACCINE ADULT	85
90760	INTRAVENOUS INFUSION, HYDRATION, UP TO ONE HOUR	101
90761	INTRAVENOUS INFUSION, ADDITIONAL HOUR	32
90780	IV INFUSION THERAPY, 1 HOUR	166
90781	INTRAVENOUS (IV) INFUSION FOR UP TO 8-HOURS	46
93000	ELECTROCARDIOGRAM (ECG)	42
93307 ZS	ECHOCARDIOGRAPHY	238
93965 ZS	PLETHYSMOGRAPHY, COMPLETE BILATERAL	87
93970 ZS	DUPLEX SCAN OF EXTREMITY VEINS, COMPLETE BILATERAL	267
93971 ZS	DUPLEX SCAN OF EXTREMITY VEINS, UNILATERAL OR LIMITED STUDY	135
99141	SEDATION W OR W/O ANALGESIA; INTRAVENOUS, INTRAMUS OR INHALATION	179
99144	MODERATE SEICATION, FIRST 30 MINUTES	53
99145	MODERATE SEICATION, EACH ADDITIONAL 15 MINUTES	26
99201	NEW PATIENT - BRIEF	36
99202	NEW PATIENT - LIMITED	70

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

**PROPOSED
FAMILY P.A.C.T. RATES
FISCAL YEAR 2006-07
(Effective June 1, 2007)**

PROCEDURE CODE	DESCRIPTION	RATE
99203	NEW PATIENT - INTERMEDIATE	108
99204	NEW PATIENT - EXTENDED	160
99211	ESTABLISHED PATIENT - BRIEF	19
99212	ESTABLISHED PATIENT - LIMITED	36
99213	ESTABLISHED PATIENT - INTERMEDIATE	53
99214	ESTABLISHED PATIENT - EXTENDED	88
99221	INITIAL HOSPITAL CARE, PER DAY (LEVEL 1)	102
99222	INITIAL HOSPITAL CARE, PER DAY (LEVEL 2)	169
99223	INITIAL HOSPITAL CARE, PER DAY (LEVEL 3)	235
99231	SUBSEQUENT HOSPITAL CARE, PER DAY (LEVEL 1)	73
99232	SUBSEQUENT HOSPITAL CARE, PER DAY (LEVEL 2)	83
99233	SUBSEQUENT HOSPITAL CARE, PER DAY (LEVEL 3)	118
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, THIRTY MIN. OR LESS	106
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MIN.	145
99241	OFFICE CONSULTATION (LEVEL 1)	51
99242	OFFICE CONSULTATION (LEVEL 2)	105
99243	OFFICE CONSULTATION (LEVEL 3)	140
99244	OFFICE CONSULTATION (LEVEL 4)	207
99245	OFFICE CONSULTATION (LEVEL 5)	276
99251	INITIAL INPATIENT CONSULTATION (LEVEL 1)	54
99252	INITIAL INPATIENT CONSULTATION (LEVEL 2)	108
99253	INITIAL INPATIENT CONSULTATION (LEVEL 3)	148
99254	INITIAL INPATIENT CONSULTATION (LEVEL 4)	212
99255	INITIAL INPATIENT CONSULTATION (LEVEL 5)	293

* To comply with the program policy, drugs and supplies dispensed by the Family PACT program provider must be billed "at cost". Acquisition costs change periodically. As a result, charges for pharmaceuticals and supplies will be adjusted to assure that they equal the acquisition costs.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED

CANCER DETECTION PROGRAM (CDP) RATES (BREAST AND CERVICAL CANCER)

FISCAL YEAR 2006-07

(Effective June 1, 2007)

CPT4 CODE	MODIFIER	DESCRIPTION	RATE
X7700		ADMINISTERED INTRAVENOUS SOLUTION, INITIAL, UP TO 1000 ML, INCLUDING RELATED SUPPLIES	\$16
X7702		ADMINISTERED INTRAVENOUS SOLUTION, EACH ADDITIONAL, UP TO 1000 ML, INCLUDING RELATED SUPPLIES	9
X7704		ADMINISTERED IRRIGATION SOLUTIONS, EACH 1000 ML, INCLUDING RELATED SUPPLIES	8
Z7500		EXAMINING OR TREATMENT ROOM USE	30
Z7506		OPERATING ROOM OR CYSTOSCOPIC ROOM USE, FIRST HOUR	128
Z7508		OPERATING ROOM OR CYSTOSCOPIC ROOM, FIRST SUBSEQUENT HALF HOUR	51
Z7510		OPERATING ROOM OR CYSTOSCOPIC ROOM, SECOND SUBSEQUENT HALF HOUR	51
Z7512		RECOVERY ROOM USE	23
Z7514		ROOM AND BOARD, GENERAL NURSING CARE FOR STAYS OF < 24 HRS., INCLUDING ORDINARY MEDICATION	51
Z7610		MISCELLANEOUS DRUGS AND MEDICAL SUPPLIES	87
00400		ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES, ANTERIOR TRUNK & PERINEUM	47
10021	AG	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	92
10021	ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	9
10021	51	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE - MULTIPLE PROCEDURES	92
10022	AG	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	95
10022	ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	313
10022	51	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE - MULTIPLE PROCEDURES	250
19000	AG	PUNCTURE ASPIRATION OF CYST OF BREAST	55
19000	ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	9
19001	AG	PUNCTURE ASPIRATION OF EACH ADDITIONAL CYST OF BREAST	33
19001	ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	9
19100	AG	BIOPSY OF BREAST; NEEDLE CORE (SEPARATE PROCEDURE)	120
19100	ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	30
19101	AG	BIOPSY OF BREAST; INCISIONAL (VACUUM-ASSISTED NEEDLE BIOPSY FOR BCEDP PURPOSES)	325
19101	51	PUNCTURE ASPIRATION OF EACH ADDITIONAL CYST OF BREAST - MULTIPLE PROCEDURES	65
19102	AG	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, USING IMAGING GUIDANCE	352
19102	ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	469
19103	AG	BIOPSY OF BREAST; PERCUTANEOUS, AUTOMATED VACUUM ASSISTED OR ROTATING BIOPSY DEVICE, USING IMAGING GUIDANCE	710
19103	ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
19103	51	BIOPSY OF BREAST; PERCUTANEOUS, AUTOMATED VACUUM ASSISTED OR ROTATING BIOPSY DEVICE, USING IMAGING GUIDANCE - MULTIPLE PROCEDURES	831
19120	ZK	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR	332
19120	AG	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR	332
19120	ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	30
19120	51	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR - MULTIPLE PROCEDURE	552
19125	ZK	EXCISION OF BREAST LESION IDENTIFIED BY PRE-OP. PLACEMENT OF RADIOLOGICAL MARKER; SINGLE LESION	379
19125	AG	EXCISION OF BREAST LESION IDENTIFIED BY PRE-OP. PLACEMENT OF RADIOLOGICAL MARKER; SINGLE LESION	379
19125	ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	9
19125	51	EXCISION OF BREAST LESION IDENTIFIED BY PRE-OP. PLACEMENT OF RADIOLOGICAL MARKER; SINGLE LESION - MULTIPLE PROCEDURES	586
19126	ZK	EACH ADDITIONAL LESION SEPARATELY IDENTIFIED BY A RADIOLOGICAL MARKER	190
19126	AG	EACH ADDITIONAL LESION SEPARATELY IDENTIFIED BY A RADIOLOGICAL MARKER	190
19126	ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	9
19290	ZK	PREOPERATIVE PLACEMENT OF LOCALIZATION WIRE, BREAST	157
19290	AG	PREOPERATIVE PLACEMENT OF LOCALIZATION WIRE, BREAST	157
19290	ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	313
19291	AG	EACH ADDITIONAL LESION (FOR RADIOLOGICAL SUPERVISION AND INTERPRETATION, SEE 76096)	59
19291	ZM	MEDICAL SUPPLIES/DRUGS - W/NO ANESTHESIA	24
19291	ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	24
19295	AG	IMAGE GUIDED PLACEMENT, METALLIC LOCALIZATION CLIP, PERCUTANEOUS, DURING BREAST BIOPSY	143
19295	ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	313

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
CANCER DETECTION PROGRAM (CDP) RATES (BREAST AND CERVICAL CANCER)
FISCAL YEAR 2006-07
(Effective June 1, 2007)

CPT4 CODE	MODIFIER	DESCRIPTION	RATE
19295	51	IMAGE GUIDED PLACEMENT, METALLIC LOCALIZATION CLIP, PERCUTANEOUS, DURING BREAST BIOPSY - MULTIPLE PROCEDURES	239
57452	ZK	COLPOSCOPY	65
57452	AG	COLPOSCOPY	65
57452	ZM	MEDICAL SUPPLIES/DRUGS - W/NO ANESTHESIA	16
57452	ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	16
57454	ZK	COLPOSCOPY W/BX OF CERVIX	108
57454	AG	COLPOSCOPY W/BX OF CERVIX	108
57454	ZM	MEDICAL SUPPLIES/DRUGS - W/NO ANESTHESIA	31
57454	ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	73
76090	26	MAMMOGRAPHY; UNILATERAL	93
76090	TC	MAMMOGRAPHY; UNILATERAL	93
76090	ZS	MAMMOGRAPHY; UNILATERAL	93
76091	26	MAMMOGRAPHY; BILATERAL (TWO-VIEW FILM STUDY OF EACH BREAST)	113
76091	TC	MAMMOGRAPHY; BILATERAL (TWO-VIEW FILM STUDY OF EACH BREAST)	113
76091	ZS	MAMMOGRAPHY; BILATERAL (TWO-VIEW FILM STUDY OF EACH BREAST)	113
76092	26	SCREENING MAMMOGRAPHY; BILATERAL	84
76092	TC	SCREENING MAMMOGRAPHY; BILATERAL	84
76092	ZS	SCREENING MAMMOGRAPHY; BILATERAL	84
76095	26	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION & INTERPRETATION	344
76095	TC	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION & INTERPRETATION	344
76095	ZS	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION & INTERPRETATION	344
76096	26	PREOP. PLACEMENT OF NEEDLE LOCALIZATION WRE, BREAST, RADIOLOGICAL SUPERVISION & INTERPRETATION	51
76096	TC	PREOP. PLACEMENT OF NEEDLE LOCALIZATION WRE, BREAST, RADIOLOGICAL SUPERVISION & INTERPRETATION	51
76096	ZS	PREOP. PLACEMENT OF NEEDLE LOCALIZATION WRE, BREAST, RADIOLOGICAL SUPERVISION & INTERPRETATION	51
76098	26	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	35
76098	TC	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	35
76098	ZS	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	35
76645	26	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	62
76645	TC	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	62
76645	ZS	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	62
76942	26	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	84
76942	TC	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	84
76942	ZS	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	84
88141	26	CYTOPATH, CERVICAL/VAGINAL INTERP.	13
88141	TC	CYTOPATH, CERVICAL/VAGINAL INTERP.	13
88141	ZS	CYTOPATH, CERVICAL/VAGINAL INTERP.	13
88164	26	CYTOPATH, SLIDES MANUAL SCRN.	15
88164	TC	CYTOPATH, SLIDES MANUAL SCRN.	15
88164	ZS	CYTOPATH, SLIDES MANUAL SCRN.	15
88173	26	INTERPRET. & REPORT. FOR EVALUATION OF FNA W/ OR W/OUT PREP. OF SMEARS	65
88173	TC	INTERPRET. & REPORT. FOR EVALUATION OF FNA W/ OR W/OUT PREP. OF SMEARS	65
88173	ZS	INTERPRET. & REPORT. FOR EVALUATION OF FNA W/ OR W/OUT PREP. OF SMEARS	65
88305	26	LEVEL IV SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	75
88305	TC	LEVEL IV SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	75
88305	ZS	LEVEL IV SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	75
99070		SUPPLIES & MATERIAL (EXCEPT SPECTACLES), PROVIDED BY PHYS. OVER & ABOVE THOSE USUALLY INCLUDED W/ OFFICE VISIT	45
99202		OFFICE OR OTHER O/P VISIT FOR THE EVAL. & MGMT. OF A NEW PATIENT (CLINICAL BREAST EXAM FOR BCEDP PURPOSES)	70
99203		OFFICE OR OTHER O/P VISIT FOR THE EVAL. & MGMT. OF A NEW PATIENT	108

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED**CANCER DETECTION PROGRAM (CDP) RATES (BREAST AND CERVICAL CANCER)****FISCAL YEAR 2006-07****(Effective June 1, 2007)**

CPT4 CODE	MODIFIER	DESCRIPTION	RATE
99204		OFFICE OR OTHER O/P VISIT FOR THE EVAL. & MGMT. OF A NEW PATIENT	160
99211		OFFICE OR OTHER O/P VISIT FOR THE EVAL. & MGMT. OF AN ESTABLISHED PATIENT	19
99212		OFFICE OR OTHER O/P VISIT FOR THE EVAL. & MGMT. OF AN ESTABLISHED PATIENT	36
99213		OFFICE OR OTHER O/P VISIT FOR THE EVAL. & MGMT. OF AN ESTABLISHED PATIENT	53
99214		OFFICE OR OTHER O/P VISIT FOR THE EVAL. & MGMT. OF AN ESTABLISHED PATIENT	88
99241		OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	51
99242		OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	105
99243		OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	140
99358		CASE MANAGEMENT	207

ATTACHMENT VI

**FISCAL YEAR 2006-07
PROPOSED RATE CHANGES**

EFFECTIVE JUNE 1, 2007

PHARMACY DISPENSING FEE

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED
PHARMACY DISPENSING / HANDLING FEE
FISCAL YEAR 2006-07
(Effective June 1, 2007)

Dispensing/handling fee for outpatient pharmaceuticals.	\$	7.25
---	----	------

NOTE: Rate reflects the current Medi-Cal approved dispensing fee.

ATTACHMENT VII

**NOTICE OF PUBLIC HEARING
PROPOSED RATE CHANGES**

NOTICE OF PUBLIC HEARING
PROPOSED RATE CHANGES

Notice is hereby given that a public hearing will be held by the Board of Supervisors regarding the proposed rate schedules, to be effective June 1, 2007, for the Department of Health Services. Said hearing will be held on May 22, 2007 at 9:30 a.m., in the Hearing Room of the Board of Supervisors, Room 381B, Kenneth Hahn Hall of Administration, 500 West Temple Street (corner of Temple Street and Grand Avenue), Los Angeles, California 90012.

The Board of Supervisors will consider and may adopt the proposed rates. Further, notice is given that the Board of Supervisors may continue this hearing from time to time.

Written comments may be sent to the Executive Office of the Board of Supervisors at the above address. If you do not understand this notice or need more information, please call the County of Los Angeles, Department of Health Services, Fiscal Programs at (213) 240-8109.

Si no entiende esta noticia o si necesita mas información, favor de llamar (213) 240-8109.

Sachi A. Hamai
Executive Officer, Board of Supervisors

BAC:aw
05/22/07

W:\RICE\RATES\2006-07\BOSDATA\NOTICE